UNIVERSITY OF CALIFORNIA, SAN DIEGO

"Can No Physician be Found?": The Influence of Religion on Medical Pluralism in Ancient Egypt, Mesopotamia and Israel

A dissertation submitted in partial satisfaction of the requirements for the degree Doctor of Philosophy in

History

by

Laura M. Zucconi

Committee in charge:

Professor William H. C. Propp, Chair
Professor David Noel Freedman
Professor Richard Elliott Friedman
Professor David Goodblatt
Professor Marta E. Hanson

2005

The Dissertation of Laura M. Zucconi is approved, and it is acceptable in quality and form for publication on microfilm:

R. E. Friedman
____

David N. Freedman
____

David M. Goodblatt
____

Martin E. Hanson
____

William H. Propp
_______________________________ Chair

University of California, San Diego

2005

For Mom
Carol Ann Zucconi
(1938-2003)

TABLE OF CONTENTS

LIST OF ABBREVIATIONS

AJSL	*American Journal of Semitic Languages and Literatures*
AMT	R. C. Thompson, *Assyrian Medical Texts*
ANET	J. B. Pritchard (ed.), *Ancient Near Eastern Texts* (3rd ed.)
BA	*Biblical Archaeologist*
BASOR	*Bulletin of the American Schools of Oriental Research*
BR	*Bible Review*
CAD	*The Assyrian Dictionary of the Oriental Institute of the University of Chicago*
CH	Code of Hammurabi
CHI	C. G. Helman, *Culture, Health and Illness*
Eb.	Ebers Papyrus
JAOS	*Journal of the American Oriental Society*
JEA	*Journal of Egyptian Archaeology*
JBL	*Journal of Biblical Literature*
JNES	*Journal of Near Eastern Studies*
K.	Tablets in the Kouyunjik collection of the British Museum
LXX	The Greek translation of the Hebrew Bible
NBC	Tablets in the Babylonian Collection, Yale University Library
Pfeiffer	R. H. Pfeiffer, *State Letters of Assyria*
Smith	Edwin Smith Papyrus
STT	O. R. Gurney, J.. Finkelstein and P. Hulin, *The Sultantepe Tablets*

TDP	R. Labat, *Traité akkadien de diagnostics et pronostics médicaux*
VT	*Vetus Testamentum*
ZA	*Zeitschrift für Assyriologie*

ACKNOWLEDGMENTS

During my graduate studies, I was advised that the topic medicine in the Bible and ancient Israel was an extremely difficult undertaking. Although this is not an exhaustive work on the subject, I hope that it provides a new perspective on our understanding of health, illness and healers in the ancient Near East that will spur further investigations. In pursuing this task and completing the dissertation, I am indebted to my committee members for their guidance, insight, resourcefulness and good humor; I would like to thank William H. C. Propp, David Noel Freedman, Richard Elliot Friedman, David Goodblatt and Marta E. Hanson. I have also benefited from the advice of professors Thomas E. Levy, Nancy Caciola, and David Ringrose. I am grateful for the mentoring of Dr. Katherine Ringrose and Professor Hasan Kayali, not only in my graduate work, but also during my undergraduate years in helping me decide on a career in academia.

An important aspect of any research project is navigating the bureaucratic mine field of a university. I am thankful for the skills and patience of Carol Larkin, Mary Allen, Ivonne Avila, Lisa Rhodes and the rest of the History Department staff for safely shepherding me through various processes including the request for permission to use a previously published article. The texts of the introduction, and chapters one, two and four, in part, appear in *The Biblical Historian: Journal of the Biblical Colloquium West*.

I am fortunate to have had the wonderful company of my fellow "Ancients": Jeffrey Geoghegan, Michael Homan, Sarah Malena, David Miano, Miriam Sherman, Elizabeth Goldstein, and Brian Kelly in preparing for our seminars in Hebrew Bible and mastering what felt like every known language in the universe. I am particularly

grateful to Shawna Dolansky Overton for her friendship and advice and to Bradley Root for hours of wonderful arguments and his insightful critique of the dissertation manuscript.

Over the many years here at UCSD, I have benefited from the wisdom, love, and comedic relief of the graduate students outside the field of ancient history/Hebrew Bible. I would like to thank Henry Sanabria, Wendy Maxon, Christa Camenzind, Theresa Smith, Heidi Keller-Lapp, Don Wallace, Dan Berenberg, Rachel Shaw, David Pye and the Revolting Ralphs for keeping me sane and connected to the modern world. When I started graduate school, I did not think I would meet my best friend; Clinton Young has brought to my life a wonderful sense of joy and peace, as well as *zarzuelas, jamón iberico* and walks in the *Retiro*.

Most of all I would like to thank my family. My father George taught me to view the beauty of the world with curiosity. My brothers Christopher and John always urged me to do my best and never take "no" for an answer. It is to Mom that I owe the greatest thanks; no words can justly describe the love, generosity and wisdom she has shown me. I hope this work stands as a (small) repayment for all her efforts.

There are too many people to mention all by name that have helped me in writing this dissertation. Its mistakes, however, are all my own doing.

VITA

1993	B.A., University of California, San Diego
1995	M.A., University of Connecticut
1998-2003	Teaching Assistant, Revelle College: "Humanities" Writing Program University of California, San Diego
2001	C.Phil., University of California, San Diego
2004-2005	Lecturer, History Department University of California, San Diego
	Lecturer, History Department, Mesa College, San Diego Community College

PUBLICATIONS

"Healing is a Matter of Opinion: The Influence of Religion on the Ideas of Health and Illness in Egypt and Israel," The Biblical Historian: Journal of the Biblical Colloquium West 1, no. 2 (2004).

"Who's Who and What's What among the Qumran Sectarians" with David Noel Freedman in *The Fred Young Festschrift*, (forthcoming)

"From the Wilderness of Zin alongside Edom: Edomite Territory in the Eastern Negev during the 8th-6th Centuries BCE" in *Milk and Honey: Essays on Ancient Israel and the Bible in Appreciation for the Judaic Studies Program at the University of California, San Diego*, eds. David Miano and Sarah Malena (forthcoming)

FIELDS OF STUDY

Major Field: The History of Israel in the Biblical Period

Studies in Ancient Near Eastern History and Religions
Professor William H. C. Propp

Studies in the Archaeology of the Ancient Near East
Professor Thomas E. Levy

ABSTRACT OF THE DISSERTATION

"Can No Physician be Found?":

The Influence of Religion on Medical Pluralism in Ancient Egypt, Mesopotamia and Israel

by

Laura M. Zucconi

Doctor of Philosophy in History

University of California, San Diego, 2005

Professor William H. C. Propp, Chair

Medicine in the ancient Near East and the Hebrew Bible is studied predominantly in two ways: the biological or the Biblical perspective. From a biological standpoint, the studies use paleopathology in combination with an analysis of symptoms reported in medical and literary accounts. Such studies aim to know exactly what diseases were suffered by ancient peoples. But, they suffer from the limitation of not explaining how ancient society understood and dealt with diseases. Additionally, they only validate ancient diagnostic, prognostic and therapeutic measures that live up to modern biomedical standards. The Biblical studies standpoint attempts to explain key issues such as impurity/purity, Levitical prohibitions, and the healing miracles of prophets. The focus is on the Hebrew Bible's theology that divorces these issues from the medical culture, obscuring any relationship between medicine and religion. This approach tends towards an oversimplification of Israelite medical culture such as an assumed lack of therapeutic options and that healing was only in hands of God.

This study has a twofold objective. First, it is an attempt to integrate the medical and religious cultures depicted in the Hebrew Bible by bringing the study of medical anthropology into the field of Biblical studies. Second, I try to understand the therapeutic options in Israelite culture, including the role of priests and prophets. I use a comparative analysis with Egypt and Mesopotamia in order to achieve these goals. The comparative analysis provides models for how Israelite religion and medicine may have interacted. Additionally, it can shed light on the broader medical culture of the ancient Near East and how each society can deviate from this broader cultural context in forming each society's particular medical identity.

Introduction

A New Approach to Studying Medicine in the Hebrew Bible

Ever wonder who buys those magnetic bracelets that cure back pain? Someone believes that the body's naturally occurring electricity can be manipulated to ease muscle spasms. But there is more to this phenomenon than just a simple misunderstanding of human biology. The use of such alternative remedies derives from a confluence of factors. One's knowledge of physiology is just a part of the puzzle. Other factors include an understanding of how the world at large works, who is recognized as an authority in matters of health, what constitutes an illness and what it means to be healed.

Studies centered on how people explain episodes of illness are not in short supply for modern society. But this type of investigation has been lacking in the study of ancient medicine. Just as we dismiss the fellow wearing a magnetic bracelet, we also assume that ancient peoples vacillated between uncanny modern scientific medical knowledge, as exhibited in the Egyptian Edwin Smith papyrus, and unenlightened hocus-pocus found in the Leiden papyrus and Akkadian omen texts. Similarly, the Hebrew Bible is thought to depict a society that relies only on God for healing, obscuring any information we might gain concerning the health practices of ancient Israel.

Avalos opens his article[1] on ancient medicine with the question: What did an ancient Israelite do when suffering abdominal pain? The goal of Avalos' article is to re-examine the position of earlier scholarship that the ancient Israelite had no recourse

---

[1] Hector Avalos, "Ancient Medicine: In Case of Emergency, Contact Your Local Prophet," *BR* 11 (1995): 27.

to medical treatment when sick.[2] This basic question appears to be the impetus for studying medicine in the Hebrew Bible. Most research on the role of medicine in the Bible and ancient Israel focuses on the diagnosis and treatment of the ill. Yet, the primary field of study for these researchers drastically influences the method used to analyze textual and archaeological data concerning Biblical and ancient Israelite medicine. The conclusions drawn, and even the purpose for undertaking the studies, varies considerably depending on whether the work is done by a physician, anthropologist, social historian, or Biblical scholar.

Physicians

Julius Preuss is the most influential figure in the study of Biblical medicine. He is a late 19th/early 20th century German physician who was also trained in Hebrew literature and wrote what is considered to be the definitive text, *Biblisch-Talmudische Medizin*.[3] The layout of the book is much like a basic medical text, with sections divided according to systems and their organs. Each section attempts to identify specific diseases and their treatments. Preuss does not make a clear distinction between the cultures, at least in terms of medicine, of the Biblical and Talmudic writers and often relies heavily on the Talmudic sources to depict ancient concepts and practices. To further illuminate Biblical medicine, Preuss draws upon Galen and Josephus. Again, there is no distinction between medical practices of the Greco-Roman world and Israel of the First and Second Temple periods.

---

[2] Klaus Seybold and U. B. Mueller, Douglas W. Scott, trans., *Sickness and Healing* (Nashville: Abingdon Press, 1978).

[3] Julius Preuss and Fred Rosner, eds. and trans., *Biblical and Talmudic Medicine* (New York: Sanhedrin Press, 1978).

In addition to the scientific data, a commentary is given on the role of the רפא (physician) and magical healing practices within Biblical society. A brief historical background is given, concluding that in ancient Israel no specialists existed among the רופאים apart from the מהל (circumciser). Analysis of the role of physicians centers around the ethical dilemma of whether or not a physician is acceptable in fatalistic monotheism. According to Preuss, the physician is acceptable as long as proper acknowledgment is given to God as the source of all healing. This echoes the ethical debates and conclusions of Biblical commentators such as Rashi, Ibn Ezra and Nachmanides. The Biblical tension between the רפא and the נבא (prophet) is not discussed. Magical healing practices such as incantations are described and then dismissed as uninformed, heathen rituals; the cultural function of medical-religious practices being completely overlooked.

Since its original publication in 1911, *Biblisch-Talmudische Medizin* continues to influence the methodology of scholars investigating the medical history of ancient Israel. It is a field dominated by physicians attempting to identify specific diseases and disorders in the Hebrew Bible. In the past twenty years, medical anthropologists and Biblical scholars have undertaken the study of medicine in ancient Israel but their efforts have not been as numerous or widely publicized. Current research often imitates the same methodology and conclusions made by Preuss almost a century earlier.[4]

The largest body of research is done by physicians. Some do have training, though not extensive, in Biblical studies or Semitic languages. The analyses of doctors usually fall short of the ideal for a variety of methodological reasons: limits inherent in

---

[4] Scholars of Biblical medicine, like Preuss, often interpret texts in conjunction with Talmudic practices. Max Sussman sees the Hebrew Bible and Talmud as a continuous tradition; see Max Sussman, "Diseases in the Bible and Talmud," *Diseases in Antiquity* (Springfield: Bannerstone House, 1967).

the Reductionist/Causation view of medicine, tendency to separate natural from the supernatural, and the inability to address historiographic problems the text poses.

The Reductionist/Causation view limits the manner in which medicine can be used to analyze the function of health and health care within a culture. The Reductionist approach to medicine attempts to define a disease in empirical terms; to separate a pathogen from the patient. By doing this, the medical community can analyze the disease solely in the context of natural science. "The existence of a disease as *specific* entity is a fundamental aspect of its intellectual and moral legitimacy."[5] In conjunction with the Reductionist view, medicine also utilizes the Causation view which attempts to identify the pathogen *per se*. For the past century, Germ Theory was the dominate model by which Reductionist/Causation views were expressed. Once the mysterious micro-organism could be identified then the disease could be treated and the patient will be healed; each is a distinct step in the process of health care. Lately, the Causation view is undergoing a shift towards genetic explanations for the origin of diseases but the Reductionist/Causation view and its three-step process of health care still guides the field of medicine thus preventing an understanding of diseases in their social context. Illness is not seen as an integral part of the patient or culture but as an outside irritant that needs to be removed or suppressed.

Because of the Reductionist/Causation view, a medical analysis of the Biblical texts attempts to separate naturalistic medicine from the supernatural. Physicians deconstructing these texts fail to recognize that the two modes of medical practice work as one system in the ancient world. The attempt to find the reductionist cause of disease, is an attempt to legitimate Biblical accounts. Yet, this approach removes the

---

[5] Charles Rosenberg, "Framing Disease: Illness, Society and History," *Framing Disease: Studies in Cultural History* (New Brunswick: Rutgers UP, 1992).

social significance of the symptoms and diseases within the Biblical world. In an ironic twist in the history of western medicine, modern physicians, more recently, are being advised to reintegrate the social significance of symptoms with contemporary biomedicine in order to more accurately diagnose and treat patients.[6] If we are to understand the practice of medicine and the role of disease in the formation and expression of culture, the natural and supernatural elements of Israelite medicine should not be wholly divorced from one another.

Properly applied, the medical approach can elucidate the physical environment of the Bronze and Iron Age. Analysis of the physiological data is necessary. Diseases and the frequency of their occurrence do effect the development of culture. Therefore, knowledge of specific diseases in a given time and region help us to understand the process of cultural change in response to fluctuations of morbidity and mortality. In this context, the work of paleopathologists sheds light on the rate of infections and trauma. On occasion, the clarification of certain terms in the Hebrew Bible also benefit from the osteoarchaeological record. The common translation of צרעת as leprosy came under dispute as to whether the term refers to Hansen's Disease or simply a general classification of dermatological disorders. According to current paleopathological research the earliest skeletal remains exhibiting signs of Hansen's Disease does not occur until 200 BCE in Egypt.[7] Combining this information with the assessments from textual analysis leads to the conclusion that Biblical leprosy cannot be synonymous with Hansen's Disease but rather צרעת refers to a general description of skin ailments.

Improperly applied, a biomedical analysis only makes a mockery of the field of Biblical medicine and does not serve to illuminate the texts or the environment that

---

[6] Robert Berkow, ed., *Merck Manual 16th Edition* (Rathaway, New Jersey: Merck, 1992).

[7] Joseph Zias, "Death and Disease in Ancient Israel," *BA* 54 (1991): 147–59.

produced them. Although there is a need for a physician's expertise, an M.D. degree does not automatically qualify one to be a Biblical scholar, unlike the claim of Simon Levin:[8]

> In the United States and Britain there are professional organizations exploring the connections between medicine and religion. These bodies run no study courses and offer no diplomas. Accordingly other diplomas will have to serve as qualifications and credentials in this field. It happens that the medical letters I use behind my name serve equally well in another capacity: Does M.B. mean Bachelor of Medicine? Why not also credits in Biblical Medicine? M.R.C.P. may indicate Membership of the Royal College of Physicians but could be twisted to read Member of the Religious College of Physicians. A Diploma in Child Health could be utilized to mean Diploma in Clinical Hermeneutics, i.e. Biblical exegesis.

One is left wondering what precisely is his motive for examining the Biblical texts and why does he disregard expertise in any field? The answer to this puzzle will become clear a little later.

At its worst, a simple medical analysis not only disregards the social context of the reported symptoms and/or diseases, but also attempts a diagnosis in situations that would otherwise make a practicing physician reluctant. Levin is the most prolific offender in this regard.[9] His diagnosis of specific diseases is based upon assumptions such as the physical appearance of Abel and that his occupation as a pastoralist makes him predisposed to the criminal activity of looting and raiding. These characteristics equate Abel with modern criminals within the British penal system. From this

---

[8] Simon Levin, *Adam's Rib* (Los Altos: Geron-X, 1970).

[9] In addition to "Adam's Rib", he has produced a series of articles, see Simon Levin, "The Abel Syndrome," *JBQ* 20 (1991): 111–14; Simon Levin, "Sense and Incense," *JBQ* 21 (1993): 242–47; Simon Levin, "Hezekiah's Boil," *Judaism* 42 (1993): 214–17; Simon Levin, "Jacob's Hip," *Judaism* 44 (1995): 325–27; Simon Levin, "Let My Right Hand Wither," *Judaism* 45 (1996): 282–86.

equation, Levin determines that Abel, like the alleged majority of British prisoners, suffers from a chromosomal disorder, the genetic anomaly of XYY.[10]

More recently, the work of Dr. Eric Altschuler analyzes Samson's state of mental health, determining that Samson suffers from Antisocial Personality Disorder (ASPD).[11] There are two problems with this diagnosis. First, the assessment derives from matching the reports of Samson's behavior[12] with a list of symptoms in the DSM-IV. The literary aspect of the Samson stories are not addressed in the psychological evaluation. No regard is given to the fact that these stories are not personal accounts of Samson but rather mediated tales, subject to embellishment or other devices by its author. Would we accept a psychiatrist diagnosing a modern patient with ASPD based solely on third person anecdotes? The second problem is that the term 'antisocial' is culture bound. There is danger in applying 20th/21st century social standards to a cultural hero who is nearly three thousand years old. The cultural context that created Samson, and explains his behavior, is ignored. Under Altschuler's methodology a host of heroes from Odysseus to Beowulf would all be diagnosed as ASPD. To what end is this type of analysis, other than to create sensationalist press that our civilization was, somehow, founded upon the actions of psychopaths.

Is medical research, then, limited to the osteoarchaeological record? No. Lawrence Conrad's analysis of the Philistine plague in I Samuel 5-6 is an example of a more productive method to be used.[13] Conrad's work starts with an analysis of the

---

[10] Levin, *Adam's Rib*; Levin, "The Abel Syndrome."

[11] Erica Goode, "Samson Diagnosis: Antisocial Personality Disorder, with Muscles," *New York Times*, 20 February 2001.

[12] Jdg 13-16.

[13] Lawrence Conrad, "Biblical Tradition for the Plague of the Philistines," *JAOS* 104 (1984): 281–87.

literary tradition and transmission of the passage in question and acknowledges that the plague account is a literary topos. Next, there is an attempt to arrive at a precise translation of key terms, עפלים as boils or piles and עכבר as mice or rats, since these differences are significant in terms of diagnosing a specific disease. To determine the proper translation, a comparative analysis is done with Deut. 28:27. Only when these problems have been sufficiently solved are the symptoms in I Samuel 5 then matched with the symptoms of a known disease such as the bubonic plague or dysentery.[14] Crucial to the analysis is the understanding of the literary tradition of the passage and the plague motif.

While attempting to identify specific diseases, it must be remembered that there is a cultural bias on the part of the Hebrew Bible. Which symptoms are reported in the text is determined by the significance the culture attributes to them. The description of a symptom or disease may rely on the society's perception of how it should be reported. Certain symptoms may interfere with an individual's ability to perform tasks important to the society functioning as a whole, therefore only these symptoms will find their way into the recorded data. Other symptoms may interfere with the individual's life but not be deemed significant enough to be noted in a text. An obvious skin affliction may interfere with an individual's ability to interact with the community (or the community's willingness to interact). But hematuria does not alter the relationship between an individual and the community, the community may not even be aware of the symptom's presence. In this context, the definition of illness is culture bound. The cultural function of illness as a whole determines if a disease is

---

[14] Conrad concludes that the plague could not be bubonic and the evidence for dysentery is also suspect. The present account is an amalgam of "possibly historically accurate themes -- pestilence, rodent infestation and some kind of swelling disorder -- into a single narrative..." but a specific disease can not be identified.

reported as an illness. What modern medicine views as an illness may not be understood as such by the Israelites.

Let us now turn to the motivation and its result for such studies by physicians. As asked earlier, why then do physicians conveniently overlook the expertise of Biblical scholars or, at least, anthropologists and social historians? This phenomenon prevails in the field of Biblical medicine but does not have a counterpart in the study of Egyptian or Mesopotamian health care. The answer has three parts. First, the physician's single-minded adherence to the Reductionist/Causation approach. Since the disease is an entity apart from, and foreign to, the patient, then its cultural context is not a necessity in identifying or treating it. The rallying cry of modern biomedicine, find the single cause regardless of its implications, drives the methodology. This poses another danger in that the findings can be misappropriated. Adoption by the Minimalist theorist could result in "all things can be explained therefore the Bible is false." Conversely, Maximalist theorists would take the physicians conclusions as all things can be proven therefore the Bible is true. Secondly, the paucity of physical and textual evidence for ancient Israel, in comparison with Egypt, leaves ample room for physicians to speculate. Medical doctors working with data from Egypt preoccupy themselves with MRI and DNA analyses of the bodies and with matching the physiological data with the textual resources. This speculation of physicians leads into the third, and most significant, part of the answer -- the Bible is widely accessible. Unlike Egyptian and Mesopotamian texts, the availability of the Bible in almost any language allows would-be Biblical scholars to commence theorizing without consideration for its cultural context. Since the other ancient civilizations are not as familiar to the general public, they can safely hide in obscurity from those physicians wishing simply to extend their practice in time rather than in space.

Medical Anthropologists, Social Historians and Biblical Scholars

Apart from physicians, three other groups have been researching medicine in ancient Israel; they are medical anthropologists, social historians and Biblical scholars. These three groups often overlap in their methodology and conclusions. Medical anthropologists and social historians will be grouped together while Biblical scholarship will be treated separately.

Before looking at the research of medical anthropologists and social historians on Biblical medicine, let us first outline four categories[15] by which the health care system of a particular culture is usually analyzed: 1. the Social-Constructionist view in which "disease concepts imply, constrain, and legitimize individual behaviors and public policy;" 2. the public health policy itself; 3. the ecological vision of history; 4. disease definitions and etiologies which serve as tools of social control, labels of deviance, and the legitimization of status relationships. As useful as these categories are, they have not been consistently applied when Biblical medicine is being investigated.

Medical anthropologists and social historians, focusing on the history of medicine, see the Hebrew Bible as a small part in that overall history. The scant recognition of Israelite medical practices often reiterates the same conclusions made by Preuss.[16] Greco-Roman medicine is considered more significant in terms of the history of modern western medicine therefore Hippocratic and Galenic ideas of health care garner more attention. Egypt dominates the focus of ancient Near Eastern medicine due to a number of factors: the ample resource of mummies for examination

---

[15] These categories are adopted from Rosenberg, "Framing Disease: Illness, Society and History."

[16] See Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: W.W. Norton & Company, 1997). Porter dedicates only two pages of his 700 plus work to the medical pratices of the ancient Israelites which reads nicely as a summary of Preuss' 1911 opus.

by paleopathologists and physicians, availability of medical texts such as the Ebers and Edwin Smith Papyri and the recognized influence of Egyptian practices on Greek medicine.

When the study of ancient Israel is undertaken, there is an emphasis on public health and hygiene with the understanding that the purity laws in Leviticus reflect the social, cultural and political events of the Biblical world.[17] There continues to be an accentuation of the modern concept of hygiene expressed in the dietary and other laws in Leviticus. Physicians writing the medical history of Israel extol the farsightedness of the Temple priests in enacting a systematic preventive health care plan. Scholarship in the fields of Biblical studies and medical anthropology see these laws as primarily an outgrowth of priestly concerns of ritual purity. Its convergence with modern medical perceptions of proper hygiene is secondary. An often cited example is the link between the prohibition of pork and the dangers of trichinosis. Such a situation is considered merely coincidental rather than a conscious decision of the priests based upon their understanding of a cause and effect relationship. This is not to say that ancient peoples were ignorant of the relationship between cleanliness and health. It is still uncertain, though, to what extent the Israelites understood contagion and its vectors of transmission. The primary concern of the anthropologist and historian remains the social implications of impurity as understood through a public health policy.

Biblical scholarship focuses less on the health-care system as a whole and concentrates more on the meaning and cultural implications of terms such as טמא

---

[17] Manfred Waserman and Samuel Kottek, *Health and Disease in the Holy Land: Studies in the History and Sociology of Medicine from Ancient Times to the Present* (Lewiston, New York: Edwin Mellen Press, 1996); Mary Douglas, *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo* (New York: Routledge, 1989).

(unclean) and צרעת (skin affliction). To date, only one Biblical scholar, Hector Avalos, has investigated the ancient Israelite health-care system with respect to all four categories outlined above.[18] He limits his study to the health-care system after the division of the monarchy. Because he views P as a post-exilic author, his conclusions reflect the society of the Second Temple prior to Greco-Roman influence (516-330 BCE) rather than the period of the First Temple (~940-586 BCE). No specific dates are given though. Avalos' work attempts to determine the function of the Temple in the health-care system and link that function to wider socio-economic concerns within Israelite society. The system of prophets and Temple are seen as legitimate medical practices by the Hebrew Bible whereas medical practices not sanctioned by the Temple (and attendant priests) are labeled illegitimate. Still, questions are left unanswered such as how do priests and prophets work within the same health care system and what exactly is that health care system. Although there is a comparison between the medical function of the Temple and the temples of Mesopotamia and Greece, Avalos' conclusions do not account for the broader ancient Near Eastern medical culture or the place of the Israelites and the Hebrew Bible in that broader culture. Rather, the health-care system for Israel is depicted as a construct developed entirely within the socio-religious framework of the monarchical and post-exilic periods. His suggestion that the mass of disaffected ill were one of the catalysts for Christianity does not help us understand the resources used by this group for over a thousand years prior to Christianity.

The work of medical anthropologists and historians is minimized and fragmented in comparison with that of physicians. A small number of people are

---

[18] Hector Avalos, *Illness and Health Care in the Ancient Near East: The Role of the Temple in Greece, Meospotamia and Israel* (Atlanta: Scholar's Press, 1995).

consciously applying anthropological methods to the Hebrew Bible. The facile assessment of prophets and their relationship to monotheism still dominates the study of medicine in the Bible and ancient Israel. At present, there is no synthesis of what the various Biblical accounts of medical issues mean to Israelite health care. In view of the problems outlined above, there is need for a methodology that unites the analytical resources of medicine, medical anthropology/social history, and Biblical studies. A unified method should explicate the medical conditions within the Hebrew Bible not just in terms of the physiological symptoms, but also include the cultural significance of illness, and the healing options available to the ancient Israelites. This study will unify the anthropological approach with Biblical studies to discern how the Hebrew Bible conceptualized illness and how priests and prophets were possible healers for the ancient Israelites.

The two types of healers that may have been consulted by the ancient Israelites were the priest and the prophet. The multiplicity of healers (medical pluralism) was not unique to ancient Israel. We see a similar pattern in Egypt with the *swnw*, *wʿb* priest and *sꜣ* as well as with the Mesopotamian *asû* and *āšipu*. Since all three ancient Near Eastern cultures shared the trait of medical pluralism and more documentation exists for the medical practices of Egypt and Mesopotamia, I have adopted a comparative approach. By analyzing how the different healers practiced in Egypt and Mesopotamia, we can develop a model for the medical practices of ancient Israel. A comparative analysis also allows for discussion of how the different religious practices in the three cultures influenced their concepts of health and illness and consequently provided regional variation among the different healers.

For this study, I have limited my analysis to cases of morbidity. The anthropological approach first developed as a means of assessing medical practices in

modern cultures. Such studies are limited to cases recognized as problems treated by medicine; although medicine may resuscitate, it does not resurrect. In keeping with the anthropological approach, I have omitted cases of resurrection.[19] I take the author's word at face value that a person is dead (by his cultural standard) and refrain from conjecture that someone was in a coma or the like. To investigate resurrection would take us into the study of theology, death, and the afterlife, issues related to but distinct from medicine *per se*.

I exclude analyses of circumcision and pregnancy. The Hebrew Bible lacks details concerning both circumcision and childbirth, making it difficult to examine either as a case study. Because Biblical accounts of circumcision lack clinical information, physicians often view it as a theological issue rather than a medical one.[20] Although modern medicine provides arguments for circumcision as a preventative measure with regard to hygiene, it is difficult to make a clear connection between the Biblical and Egyptian ideas of purity/cleanliness and the modern medical notion of hygiene. Since my primary focus is on cases of morbidity and the act of circumcision does not restore health, it falls outside the scope of the current work.

Similarly, pregnancy is omitted because the ancient accounts do not report it as a disruption of a normal state. Barrenness can be an occasion for healing, but not pregnancy. Childbirth is slightly different. Like circumcision, parturition accounts lack detail for a sufficient case study. The after-effects of childbirth, however, do represent a disruption of a normal state that is addressed much like other cases of morbidity. This is included in the study.

---

[19] 1 Kgs 17:17-24 and 2 Kgs 4:17-37.

[20] "At the time of the first mention of a medical act in the Bible, circumcision, the era of pure empiricism, which was undoubtedly considered to be the original condition of medical therapeutics, was finished, and the age of theology was upon us." Preuss and Rosner, *Biblical and Talmudic Medicine*.

This study is divided into two main sections analyzing the conceptualization of health and illness and the role of health care practitioners. Each section begins with a chapter devoted to an anthropological overview of these issues as a way of framing the analysis used in the subsequent chapters; both sections contain chapters dedicated to each region of Egypt, Mesopotamia and ancient Israel as depicted in the Hebrew Bible. The first section defines health and illness in terms of body image, disease causation, explanatory models of illness and therapeutics. The Egyptian concept of illness as a divine message relies upon the ideology of *mꜣʿt* (order) expressed through irrigation and balance models. Mesopotamian medical culture understands the body as a communicative tool in a hierarchical relationship to the divine. The Hebrew Bible uses the idea of body as a form of communication in relation to the religious community. The second section begins with an outline of criteria typically used to analyze and classify various types of healers as popular, professional or folk; this includes an examination of their practices, method of remuneration and their education. These criteria are then applied to the Egyptian *swnw*, *wʿb* priest and *sꜣ* to determine that they all operated as part of the professional sector of health care. The Mesopotamian *asû* and *āšipu* also functioned as professionals. Finally, the Hebrew Bible depicts the priests and prophets as both professional healers.

Porter refers to a tension in the history of medicine as the dialectic of medicine and mentality; what a healer can do for someone vs. what people expect medicine to do for them.[21] In some ways, a study such as this one looks beyond what we can know about ancient medicine and investigates what we should understand about ancient approaches to health care — their mentality. Our sources, however, limit the investigation to the healer's point of view; not much is recorded on the patient's

---

[21] Porter, *The Greatest Benefit to Mankind*, 4.

perspective of health care. The available evidence only allows us to see the mentality adhered to or fostered by the healers legitimated by their respective society's political and religious authorities.

This method reveals other commonalities among Egypt, Mesopotamia, and Israel besides the existence of multiple healers. Across all three cultures there is a belief that illness represents a message from the divine and that the restoration of health entails some form of communication with the gods. Another common feature is the criteria of distinction between the different healers within one culture. Egypt, Mesopotamia, and Israel all had one type of healer that focused on the human aspects of illness such as the presence of symptoms, what the message means for humans, and how humans can communicate with the divine. A second type of healer common to the three societies concentrated on the divine aspects of the illness such as why the divine sent the message and what the divine needs in order to restore health.

The text of the Introduction, in part, appears in *The Biblical Historian: Journal of the Biblical Colloquium West*. I was the primary researcher and author in this publication.

Chapter One

Concepts of Health, Disease and Illness

1.1 Health

Health can be defined as the ability to function optimally in terms of physiology, psychology, or even culture.[1] Health is not an absolute or universal state; rather it is dependent upon a particular set of criteria seen as normative. Bunzl describes the situation thus, "lacking a blue print for the species design, appealing to how the body ought to function gives an invitation for us to appeal to a standard which we ourselves set independent of any facts of the matter."[2] Though Bunzl is directly addressing the problem of a functionalist biomedical model, his concern can equally be applied to psychological and cultural concepts of health. Some medical anthropologists have defined the concept of health in small-scale or non-industrialized societies as a balance between people, nature, and the supernatural.[3] Often in the literature of medical anthropology, health is defined simply as "the absence of disease,"[4] which begs the question, what is disease? The answer (discussed in more detail below) to this question, too, is culture-bound. It is interesting to note that most discussions on the concepts of health and disease actually neglect to define health *per*

---

[1] Thomas Stedman, *Stedman's Medical Dictionary 27th Edition* (Baltimore: Lippincott Williams and Wilkins, 2000), 789; Howard Brody, *Stories of Sickness* (New York: Oxford University Press, 2003), 59; World Health Organization, "Constitution," in *The First Ten Years of the World Health Organization* (Geneva: WHO, 1958), 449.

[2] Martin Bunzl, "Comment on 'Health as a Theoretical Concept'," *Philosophy of Science* 47, no. 1 (March 1980): 116.

[3] Cecil G. Helman, *Culture, Health and Illness* (Boston: Butterworth Heinemann, 2000), 84. Henceforth *CHI.*

[4] Christopher Boorse, "Health as a Theoretical Concept," *Philosophy of Science* 44 (1977): 555.

se. The focus is on precisely identifying cross-cultural hallmarks of disease or illness and then to simply treat the concept of health as the obverse.

Whether viewed as optimal functioning or just the absence of disease, health is ultimately defined in terms of cultural norms, but what are these norms? Can they be defined independent of culture? Modern western medicine attacks the problem by ignoring cultural factors and placing emphasis on the numerical measurement of physiochemical data such as height, weight, blood pressure, cholesterol levels, VO_2 max, and hemoglobin count.[5]

Attempts at correlating health and culture have been made primarily in the field of psychology. Maslow and Mittelmann delineate eleven categories in which a disruption would constitute a disruption of health. The categories include but are not limited to an adequate or efficient feeling of security, contact with reality, bodily desires and the ability to gratify them, self-knowledge, life goals, learning from experience, satisfying the requirements of the group, and emancipation from the group.[6] More broadly, psychiatry uses four explanatory models for the source of ill-health. First is the organic model which focuses upon biochemical factors. Second, the psychodynamic model emphasizes developmental and experiential factors. Third, in

---

[5] Western medicine will take cultural variations into account if a regional population differs from the statistical norm. For instance, people living in high altitudes such as the Nepalese are expected to have a higher hemoglobin count. Similarly, those of Mediterranean descent can tolerate higher cholestrol levels. It is interesting to note that researchers have investigated the "stereotypical Mediterranean diet" as a possible reason for this statistical difference in cholestrol. As objective as phsyiochemical medicine claims to be, it still must acknowledge some cultural influences.

[6] Abraham Maslow and Bela Mittelmann, "The Meaning of 'Healthy' ('Normal') and of 'Sick' ('Abnormal')," in *Concepts of Health and Disease: Interdisciplinary Perspectives* (Reading, Massachusetts: Addison-Wesley Publishing, 1981), 49–50.

the behavioral model, environmental contingencies affect health. Finally, the social model attributes health to proper role performance.[7]

Eventually, the last three models or categories rest on the idea that health is defined essentially in reference to one's place within a given culture. For our purposes, it is best to think of health as being defined in two spheres, the personal and the communal. The personal sphere of health is how the individual perceives his own physical status. The communal sphere is how the individual's physical status is perceived by others. It must be remembered that these two spheres do not operate entirely independently of each other but rather can work to influence one another. An individual may perceive himself[8] as being healthy and then try convince the public of this. Tour de France winner Lance Armstrong would serve as the most recent (and heavily publicized) example. Conversely, the public may try to convince an individual that he is still healthy despite being diagnosed with a disease. Again, this can be most readily seen in sports with figures who reluctantly come back from retirement after suffering an illness such as the National Hockey League's Mario Lemieux.

For ease of discussion, the communal sphere can be divided roughly into three main areas of interaction: the family, work, and religion.[9] The *family* would consist of anyone claiming relations through blood, marriage or other kinship ties, and can extend past the immediate family to the clan or tribe. *Work* would be any interaction during one's daily activities such as farming, shepherding, manufacturing, fighting,

---

[7] L. Eisenberg, "Disease and Illness: Distinctions Between Professional and Popular Ideas of Sickness," *Culture, Medicine and Psychiatry* 1 (1977).

[8] I will use the masculine pronoun throughout this work as a reflection of its use in the Egyptian and Mesopotamian sources as well as the Hebrew Bible.

[9] I acknowledge that the public sphere can be divided differently. For example, military and political activity can also be distinct areas, but for our study these categories are included in the spheres of family, work and religion.

and household chores. *Religion* would be encounters during the course of activities such as visiting a sacred site, worshiping or interacting with religious personnel in some capacity. Just as the personal and communal spheres are not completely distinct, the three areas of family, work, and religion are also subject to considerable overlap.

The personal sphere may be sub-divided into body and mind. The *body* is commonly understood as one's physiological processes. The *mind* is defined as how one perceives or reacts to these processes. These two divisions also overlap. A physiological process can be a reaction to one's mental state, hence psychosomatic illnesses. Similarly, one can be in a state of denial and ignore physiological changes. When dividing the personal sphere between mind and body, one must not overlook the interplay between the two. The problems that arise from a dualistic notion of mind and body are discussed at length in the literature of medical anthropology.[10]

Normative ideas as to what constitutes health are determined by the sphere to which a culture gives prominence. When a culture views a particular sphere as more important, the standards of that sphere become the standards of health. Western culture, as an outgrowth of Enlightenment ideals of the 17th and 18th centuries, emphasizes individuality and the separation of mind and body.[11] Consequently, biomedicine focuses on the individual patient and how his body may deviate from established physiochemical norms.

The medical system, in essence, is symbolic of a culture's mores. Just as the medical system is a reflection of cultural emphases, so too does it reinforce those ideas. Healthy individuals are those following the cultural norms, and disease is

---

[10] Helman, *CHI*; Brody, *Stories of Sickness*.

[11] Helman, *CHI*, 81; Eisenberg, "Disease and Illness," 9–10.

readily connected to behavior that the culture condemns.[12] This idea can be seen in the stigmatization of certain types of illnesses. Recent examples of this are the association of AIDS/HIV infection with the condemnation of homosexuality or the ubiquitous diagnosis of mental illness among political dissidents in Communist countries.

1.2 Disease and Illness

Clinical physicians in biomedicine use the terms "disease" and "illness" interchangeably. But anthropologists have devoted significant discussion to how these terms actually represent two different phenomena in medical culture.[13] Distinguishing between "disease" and "illness" helps delineate how the personal and the communal spheres react to the presence of different types of symptoms.

The term "disease" indicates a deviation from an official norm. For biomedicine, this means that an individual is outside the normative standards for one or more physiochemical measurements.[14] The correct identification of disease is also dependent upon its recognition by an approved medical practitioner, who oversees the standardization of measurements by the communal sphere. Patients acknowledge symptoms based upon their acceptance of this standard. It is through the negotiation of

---

[12] Susan Sontag, *Illness as Metaphor* (New York: Faffar, Straus and Giroux, 1978); Helman, *CHI*, 83–90.

[13] Christopher Boorse, "On the Distinction Between Disease and Illness," in *Concepts of Health and Diseaes: Interdisciplinary Perspectives* (Reading, Massachusetts: Addison-Wesley Publishing, 1981), 545–60; Eric J. Cassell, *The Healer's Art: A New Approach to the Doctor Patient Relationship* (Philadelphia: J. B. Lippincott Company, 1976), 47–83; K. Danner Clouser, Charles M. Culver, and Bernard Gert, "Malady: A New Treatment of Disease," *Hastings Center Report* 11, no. 3 (1981); Eisenberg, "Disease and Illness."; Robert Hahn, "Rethinking 'Illness' and 'Disease'," *Contributions to Asian Studies* 18 (1983); Helman, *CHI*, 104–07.

[14] Most often, a negative value is placed upon the deviation. Some physiochemical deviations, however, may be seen as an advantage rather than a disease. A naturally high hematocrit level is a bonus for an endurance athlete.

patient and practitioner that we see interaction between the personal and communal spheres.

"Illness" encompasses a much broader definition than "disease." It is usually defined as the perception that one or more areas of the communal sphere are disrupted as long as a somatic symptom is present. The inclusion of a somatic symptom limits the concept of illness to those types that would be treated in a medical context.[15] Illness may or may not be concomitant with disease. A person may experience a symptom where a physician cannot find an underlying physiochemical cause for the illness. According to the biomedical model, the person does not have a disease. But by distinguishing between disease and illness, it is certain the person does have an illness, at the very least, defined in the personal sphere.[16] To qualify as ill in an area of the communal sphere requires an acknowledgement by an authority recognized by some part of the community.

For medical anthropology, the issue is not whether a person is actually suffering from a physical or psychological disease but rather how the person thinks of himself and to what extent the communal sphere agrees with him. This phenomenon is known as the "sick role."[17] As outlined by Parsons, assuming the sick role affords certain rights, such as excusing a person from fulfilling obligations in the public sphere. A sick person may temporarily avoid the obligations of family, work, or

---

[15] This does not exclude psychosomatic symptoms but does avoid digressions into social problems better suited for discussions outside of medical anthropology. Where exactly one should draw the line dividing medical illness from other "social ills" is discussed in Brody, *Stories of Sickness*; Clouser, Culver, and Gert, "Malady: A New Treatment of Disease."; Robert Hahn, *Sickness and Healing* (New Haven: Yale University Press, 1995).

[16] Hahn, *Sickness and Healing*, 13–39; Helman, *CHI*, 104; Brody, *Stories of Sickness*.

[17] Talcott Parsons, *The Social System* (Glencoe, Illinois: Free Press, 1951); Sol Levine and Martin A. Kozloff, "The Sick Role: Assessment and Overview," *Annual Review of Sociology* 4 (1978): 317–43; Brody, *Stories of Sickness*, 54–56; Helman, *CHI*, 85.

religion. The sick role also exempts the person from any blame or responsibility for his illness without weakening the overall culture of society.[18] Although some causes of illness may derive from the patient's behavior, it is important to note that the opportunity for absolution exists in the process of healing. The key to Parson's theory of the sick role is not just that it allows for temporary social deviance but that it allows for social deviants to be reintegrated into at least one of the subdivisions of the communal sphere.

In order for the patient to enjoy these rights, the sick role also has responsibilities that must be met. The sick person must not derive pleasure from his state. If the patient appears to enjoy the benefits, i.e., relaxed social obligations, the label of sickness is removed, and often society will accuse the person of malingering. The sick person must also actively seek a remedy from a socially approved authority. Quite often, the authority that pronounced the individual as ill will also effect the cure.[19] It is through these measures that the sick role can be viewed as merely temporary; eventually the deviant behavior will be eliminated, thus allowing the individual to resume all his former obligations in the communal sphere.

An individual's ability to assume the sick role and his potential reintegration into society depend ultimately upon both parties sharing the same explanatory model of illness. If the individual believes that a change in his condition is an illness but the public sphere does not, the sick role will not be conferred. Since there are different areas within the public sphere, they do not all have to be in agreement. One area, such

---

[18] On this point, Parsons is criticized for dealing only with accute illnesses, since some explanatory models of illness do assign a measure of responsibility to the sick individual. See E. Friedson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York: Harper & Row, 1970); Levine and Kozloff, "The Sick Role," 323–24; Brody, *Stories of Sickness*, 55–56.

[19] Helman, *CHI*, 85.

as the family, may assign a sick role to an individual, but the broader public does not recognize it.

1.3 Explanatory Model of Illness

An explanatory model of illness is how one understands the conjunction of three elements: physiology, disease etiology, and treatment measures. In essence, it answers the questions: What is wrong? Why did it happen? How can it be fixed? There does not have to be one explanation accounting for all episodes of sickness. Rather, a model explains individual episodes of sickness.[20] One illness may have a particular etiology, while another is attributed to a different cause. For example, influenza is explained by germ theory, whereas Tay-Sachs disease is attributed to genetics. Each disease has a different explanatory model, but they are unified by biomedicine's focus on physiological data and the personal sphere.

Like the concepts of health and illness, the elements of physiology, etiology and treatment are culture-bound. When the explanatory model for each episode of illness derives from the same sphere, a continuity can be found between the various episodes. Specific details concerning the physiology, etiology, and treatment may differ from illness to illness, but an underlying ideology is at work. Conflicts can arise if the personal and communal spheres use different explanatory models.[21] Areas within a sphere, such as family or religion, may also clash over different explanatory

---

[20] A. Kleinman, *Patients and Healers in the Context of Culture* (Berkeley: University of California Press, 1980), 104–18; Helman, *CHI*, 85.

[21] This type of conflict is evident when a man, experiencing a somatic symptom such as pain in his arm and chest, insists there is nothing wrong with him, yet family or co-workers advise him to seek professional medical help.

models.[22] One of the goals of medical anthropology is to link the elements of the explanatory model with the broader cultural concerns of the communal and personal spheres.

As previously seen, the body is a locus for cultural beliefs. Its social significance is reflected not only in ideas of health and disease but also in thoughts about the body's structure and function. An individual's conceptualization of structure and function is called the "body image." We are used to hearing this term in connection with the distorted body image of anorexics. But body image encompasses more than just the belief in an optimal appearance. It also includes beliefs about the boundaries of the body, its inner structure, and how it functions.[23] The personal and communal spheres, with all their sub-divisions, influence how this body image is defined.

Appearance of the body is a form of communication within the culture. It can reveal someone's social status, occupation, or even religious affiliation. Adornment and/or mutilation[24] of the body conveys these circumstances to the public sphere. Altering the body allows an individual to adhere to culturally prescribed patterns. Culture can demand certain appearances based upon how it conceptualizes the body's form and function.

Apart from appearance, body image also consists of a cultural understanding of how organs function in the body and how the body as a whole interacts with its

---

[22] American parents using only faith-based healing for their child follow an explanatory model influenced by their religious associations. The child's grandparents, teachers, or the even the state may insist upon treatment at a hospital, indicating that family, work, or politics shape an entirely different explanatory model for the same episode of sickness.

[23] Helman, *CHI*, 13.

[24] The term mutilation is often used in clinical medicine to refer to acts such as scarification, piercing, tattooing and even circumcision.

environment. In order to understand the link between the explanatory model and other cultural precepts, one must know the culture's perception of body image, including anatomy and physiology.

People develop a knowledge of the body's structure and function based upon general theories from folklore[25] or personal experience.[26] How one understands the workings of the body influences how bodily complaints are viewed.[27] If one thinks an organ is in a certain location, any pain in that location will be thought of as relating to that organ. A study of British patients discovered that 58.8% think that the stomach occupies the entire abdominal cavity.[28] These patients would ascribe any abdominal pain to the stomach. Similarly, any chest pain would be referred to the heart itself. Symptoms would then be reported as such, and home remedies would treat it accordingly.

Worldwide, common theories of body function include ideas about balance, plumbing and symbolic anatomy. The *balance* theories base health upon the balance of two or more substances or forces within the body. This balance may be upset by either internal (patient's nature) or external conditions (diet, weather, ghosts, etc.). Western medicine once held to this idea in the form of the four humors; the ubiquitous practice of blood-letting was one method used to restore the proper balance. The *plumbing*

---

[25] For more modernized societies, this would include popular media such as television, newspapers, magazines, etc.

[26] The knowledge of recognized authorities, whether medical or other types of experts concerned with the body, usually is filtered through folklore or personal experience.

[27] Western biomedical ideas about anatomy and physiology are influenced by theories of reductionism and mind-body dualism, determining both how symptoms are reported and how physicians respond to them.

[28] C.M. Boyle, "Difference Between Patients' and Doctors' Understanding of Common Anatomical Terms," *British Medical Journal* 2 (1970): 286–89.

model focuses on the idea that substances in the body must have an uninterrupted flow throughout and/or to the outside of the body. Disease results from the blockage of this flow. A common folk belief still adhered to in Britain is the danger of constipation. Regular use of laxatives provides a "good clear out" as a form of preventive health care, particularly among the older generations.[29] *Symbolic anatomies* link parts of the body to a cosmic force with balance or plumbing models used to explain how these forces work within the body. Chinese acupuncture uses certain points along the body to restore the flow of *qi* and balance *yin* and *yang*. Each point possesses a symbolic link to the greater cosmic forces.

Before examining the function of etiology in the explanatory model, we must first discuss the role of diagnosis as a bridge between physiology and etiology. Western biomedicine defines diagnosis as determining the nature of a disease or injury through physical examination or laboratory testing. A diagnosis can be made only in reference to an established standard for body image. Once the appearance, form and function of the body are known, one can then judge what exactly constitutes a change and if it is detrimental. Body image, essentially, allows for symptom definition. A collective pattern of symptoms then allows for the diagnosis of, say, strep throat or a staph infection. When the nature of the illness (diagnosis) is established, then its cause may be sought: e.g., bacteria, requiring treatment by antibiotics. The process may be more complicated, as in the diagnosis of a head cold, herpes, or AIDS. All are viral infections, but their treatments differ considerably.

This distinction between diagnosis and etiology may be unique to certain medical systems. Western biomedicine clings to this distinction, since its explanatory model rests on the idea of reductionism. The symptoms are reduced to a particular

---

[29] Helman, *CHI*, 21.

organ or system; the process is further reduced by looking for a specific agent like a virus, bacterium, or gene. This tendency to reduce results in naming or classifying each step in the process. Other medical systems, not as reductionistic, may move from symptom definition to etiology and treatment without really locating the affliction, naming or classifying a specific agent, or specifying the nature of the disease. Essentially, the function of diagnosis is taken up by either symptom-definition or etiology. Types of illnesses may be classified by a symptom such as a rash, or by the ultimate cause, for example, "ghost trouble." This method serves just as well in leading to treatment. Rather than attacking only the specific agent, as antibiotics do for bacteria, the treatment may work to alleviate either the symptom or the root cause whether as a salve to soothe skin irritation or as a ritual to dispense with the annoying spirit.

The presence of a distinct category of diagnosis indicates cultural attitudes concerning the afflicted's relationship to the disease and the communal sphere. A distinct diagnosis, or naming the disease, may objectify the illness making it separate from the afflicted. The presence of a diagnosis can affect culpability; the named disease is to blame, not the afflicted. Diagnosis can also indicate if the disease is a temporary or permanent condition. If the illness is a permanent condition, then the communal sphere may alter the afflicted's status and relationship to others in the community. Perhaps the absence of a diagnosis means the illness is an integral part of the afflicted. Without a diagnosis, or objectification of the illness, the patient may bear the burden of blame. All of these conceptions may be discovered by analyzing how a culture's explanatory model uses diagnosis as a means linking body image and symptom definition to etiology and treatment.

Non-medical personnel usually classify the causation or etiology of ill health in one or more of four categories: the individual, natural, social, and supernatural worlds. Rarely are these etiologies applied in isolation; rather, illnesses are accorded multi-causal etiologies. In determining the link between explanatory models and cultural precepts, medical anthropologists tend to divide etiologies between industrialized and non-industrialized societies. Industrialized cultures look towards the individual or the natural world as the ultimate cause of disease, whereas non-industrialized cultures attribute illness to social or supernatural forces.[30] Other studies have shown that attributing illness to an individual's actions or outside forces depends upon socio-economic factors such as education and home ownership. Having less economic control makes one more likely to see illness as the result of an outside force.[31]

An etiology based on the *individual* focuses on malfunctions of the body arising from the patient's behavior. Often illness/disease is evidence of carelessness, and some degree of culpability is attached to the afflicted: e.g., for stigmatized illness such as alcoholism and sexually transmitted diseases or even catching a cold from going outside with wet hair. This etiology is also used to explain traumatic injuries; a broken arm is a result of riding a skateboard down the stairs. Illness as a result of one's mood or emotional state is also classified under the individual etiology, i.e. "worrying yourself sick."

A *natural world* etiology attributes illness to the environment. Weather conditions and astrology are classified here as well as injuries caused by animals. Many of the disease agents identified by biomedicine also fall under this category,

---

[30] Helman, *CHI*, 91.

[31] R. Pill and N.C.H. Stott, "Concepts of Illness Causation and Responsibility: Some Preliminary Data from a Sample of Working Class Mothers," *Social Science and Medicine* 16 (1982): 43–52.

such as bacteria and viruses. In the natural world etiology, the afflicted person does not share in culpability as he would under the individual etiology. There may be cross-over between the two etiologies, however, as one causes exposure to the other. The weather conditions may be sufficient to cause an illness, but the individual's action, going outside when it is cold, allows the illness to happen.

The *social world* etiology sees another, hostile person as the cause of illness, removing culpability from the afflicted. Injuries from battle or other conflicts have a social world etiology. This category also includes witchcraft, sorcery, and the evil eye. Cross-overs can be seen; the person causing the illness, through magical means, allegedly has the ability to manipulate the natural world and/or spirit world. Medical anthropologists see this etiology as the most prevalent in small-scale or non-industrialized societies.[32]

Illnesses caused by gods, ghosts, or other spirits make up the *supernatural world* etiology. The supernatural etiology can place blame upon the individual. Here, illness acts as a punishment or a reminder to a person as a consequence of certain behaviors. Under these conditions, a physician or a home remedy will not cure the afflicted. Rather, relief can be found only by redressing the original behavior.[33] In cases where the individual has no responsibility, the illness is caused simply by the malevolent capriciousness of a supernatural force.[34] Like the other categories, the supernatural etiology can also overlap with the individual, natural, or social etiologies.

---

[32] Helman, *CHI*, 94.

[33] I.M. Lewis, *Ecstatic Religion* (New York: Penguin, 1971); L.F. Snow, "Sorcerers, Saints and Charlatans: Black Folk Healers in Urban America," *Culture, Medicine and Psychiatry* 2 (1978): 69–106; M.B. McGuire, *Ritual Healing in Suburban America* (New Brunswick: Rutgers University Press, 1988).

[34] Lewis, *Ecstatic Religion*; Lola Romanucci-Ross, "Creativity in Illness: Methodological Linkages to the Logic and Language of Science in Folk Pursuit of Health in Central Italy," in *The Anthropology of Medicine from Culture to Method* (Wesport, Connecticut: Bergin & Garvey, 1997), 8; Helman, *CHI*, 94.

The four category explanation is not an absolute standard. Some have simplified the four categories into two broad classifications. One system divides illness into either personalistic or naturalistic etiologies.[35] Under the *personalistic* etiology, illness is caused by the purposeful actions of an agent whether supernatural or human. *Naturalistic* illness is due to an impersonal force such as the weather.

Another system of classification views etiologies as either external or internal.[36] The *external* etiology focuses on causes outside the body, particularly social ones. The *internal* etiology attributes illness to physiological or pathological processes. Proponents of this classification identify biomedicine as using the internal etiology, whereas the external etiology is thought to predominate in non-western medicine. The binary systems personal/natural or internal/external show that a culture may see etiological categories differently than the four classifications of individual, social, natural, and supernatural so commonly discussed in medical anthropology.

Treatment is the last element in an explanatory model. In biomedicine, treatment is the resolution of the symptoms and, ideally, their etiology. More broadly, it is a therapeutic measure taken to alleviate someone of the sick role and reintegrate him back into the culture, in either the communal or the private sphere. Pharmacological and ritualistic treatments predominate, but any variety of measures can be used. The treatment itself may not effect the reintegration. Rather, it may be accomplished later by a religious ritual, dinner with the family, or simply a return to the softball team.

---

[35] G.M. Foster and B.G. Anderson, *Medical Anthropology* (New York: Wiley, 1978), 53–70.

[36] A. Young, "The Relevance of Traditional Medical Cultures to Modern Primary Health Care," *Social Science and Medicine* 17 (1983): 1205–11.

The efficacy of the treatment ultimately rests upon the afflicted and the healer sharing the same explanatory model.[37] Both must agree as to what the illness really represents, in either symptom, diagnosis or etiology, in order to reach a consensus about the treatment. For any illness, it is possible to have agreement concerning the symptom and its treatment but not for its diagnosis or the etiology. This is most common in societies with medical pluralism such as immigrant communities within the United States. The Hmong in California's central valley will seek relief from the local medical clinics but also pursue therapeutic measures through traditional Hmong healers in their community.[38]

Ideally, this consensus between patient and healer can be achieved through the declaration of a prognosis. Such a statement would help the parties come to an agreement on the expectations of treatment, but not all prognoses are interpreted in the same manner. Disparate expectations on behalf of the healer and the afflicted will render different evaluations of the treatment. A physician may view a particular treatment as effective if it remedies certain symptoms, e.g., if a successful surgery for a peptic ulcer results in acid reduction. But the patient may not view the surgery as a success, if his subsequent quality of life is not as he expected.[39] Similarly, the physician may not view a particular surgery as a success, but the patient does. A residual halo effect with 20/40 vision may dissatisfy the physician after a lasik procedure. A patient looking for any improvement of his 20/200 vision and only needing glasses occasionally rather than permanently might be satisfied. The meaning

---

[37] Helman, *CHI*, 105.

[38] Anne Fadiman, *The Spirit Catches You and You Fall Down* (New York: Farrar, Strauss and Giroux, 1997), 106–18.

[39] Helman, *CHI*, 105–06.

of the phrase "you will be cured" really depends upon the expectations of the patient recognizing the healer's authority.

Since illness can be multi-causal, treatment must ultimately address all the causes or risk a reoccurrence. This does not necessitate one healer treating all the possible causes in one episode of illness. It is likely that the patient will seek out multiple healers attempting to achieve an explanatory model that satisfies each sphere or area that designate him as ill. The various elements of the public sphere (family, work, and religion) may agree on an illness, but each aspect may require a different authority to effect a remedy and reintegrate into their areas.

The text of Chapter One, in part, appears in *The Biblical Historian: Journal of the Biblical Colloquium West*. I was the primary researcher and author in this publication.

Chapter Two

Egyptian Conception of Health and Illness

2.1 Introduction

In the previous chapter, the ideas of health, disease and the explanatory model of illness were introduced as a conceptual framework for analyzing medical data from the ancient world. This chapter will first present an overview of available Egyptian medical texts before examining the Egyptian explanatory model of illness and how the communal sphere defined illness for the ancient Egyptians.

The basic knowledge, practices and titles of healers in Egyptian medicine remained essentially unchanged from the Old Kingdom (2700-2160 BCE) to the start of Persian domination (525 BCE). The continuous use of the medical papyri through the different eras of Egyptian history attests to this. The language of some cases indicates original composition during the Old Kingdom, but the papyri in which we find them can be dated to later periods such as the New Kingdom (1550-1069 BCE). Given the endurance of the medical texts, it is difficult to imagine a substantial change in the culture that used them. Consequently, the conclusions of this chapter will draw upon sources from the Old Kingdom through the New Kingdom. The cultural shift experienced with Persian domination places those and subsequent medical texts outside of the present study.

2.2 Medical Literature

The medical texts surveyed below are limited to those directly concerned with health care measures such as handbooks or instruction manuals. Egyptian texts that touch upon medical topics but were not intended to be used in treatment of the ill are

not listed, i.e., legal codes, tales involving medical issues, etc. Although these types of documents are important for the understanding of health care, they are too numerous and varied to list here. The nature of the documents is readily identifiable as medical instruction manuals, but it is not apparent whether they were used by laymen as well as the healers: *swnw*, *wꜥb* priest, and *sꜣ*. There are only nine[1] significant documents which will be presented in chronological order, starting with the earliest papyri.

2.2.1 Kahun

Petrie's 1889 excavations near Kahun in the Fayum uncovered numerous papyri. In April of that year, a medical document, the Kahun Papyrus,[2] was found; it now resides at University College London.[3]

A note on the verso dates the papyrus to year 29 of the reign of Amenemhat III (1843-1798), which places the document in the 12th dynasty. The recto is a gynecological treatise written in hieratic. There are thirty-four paragraphs covering three pages[4] with twenty-nine, thirty and twenty-eight lines respectively. The papyrus also contains a veterinary text written in hieroglyphs, but our concern here is only with the medical treatment of humans. There are many lacunae, particularly on the second page. The third page was reconstructed from over forty separate fragments. The first

---

[1] The Ptolemaic date (330 BCE) for the Brooklyn Snake Papyrus and the 3rd century C.E. date for the London and Leiden Papyrus places them outside the parameters of this study.

[2] Sometimes this papyrus is referred to as the Petrie Papyrus after the excavator.

[3] For English translations, see F. Ll. Griffith, *Petrie Papyri: Hieratic Papyri from Kahun and Gurob* (London: B. Quaritch, 1898) and J. M. Stevens, "Gynaecology from Ancient Egypt: The Papyrus Kahun," *Medical Journal of Australia* 2 (1975); for the most comprehensive treatment, see Herman Grapow, H. von Deines, and W. Westendorf, *Übersetsung der medizinischen Texte: Erläuterungen*, Grundriss der Medizin der alten Ägypter (Berlin: Akademie-Verlag, 1958).

[4] Although it is one papyrus roll, its three sections are commonly referred to as pages; this terminology is fairly common when discussing the Egyptian medical papyri.

page had been mended in ancient times with strips taken from another papyrus and pasted to the back in order to strengthen it.

Although commonly referred to as a gynecological treatise, the contents actually pertain more to obstetrics. There are prescriptions for determining if a woman is fertile, conception, tests for pregnancy, determining the sex of the unborn child, and even a treatment for a toothache during pregnancy. The gynecological portions address prophylactics and incontinence. The first seventeen paragraphs have a format similar to that found in the Ebers and Edwin Smith papyri[5] making use of an examination and diagnosis. There is only one incantation in the document, in paragraph 30, but Griffith sums up the entire third page as "obvious quackery,"[6] while Dawson describes the contents as "medico-magical recipes."[7] While other papyri contain sections on gynecology,[8] there is no exact duplication.[9]

2.2.2 Ramesseum

Seventeen papyri were found at the bottom of a tomb shaft behind the mortuary temple of Ramesses II in 1896 by James Quibell. Based upon other artifacts, Gardiner suggests that the tomb belonged to a magician or a physician.[10] Despite being found

---

[5] See § 2.2.3 and § 2.2.4 below.

[6] Griffith, *Petrie Papyri.*

[7] Warren R. Dawson, "The Egyptian Medical Papyri," in *Diseases in Antiquity* (Springfield: Bannerstone House, 1967).

[8] Papyri containing gynecology sections are Berlin, Carlsberg, Ebers, London and Ramesseum. The Ramesseum is also the only papryus contemporary with the Kahun Papyrus.

[9] The closest parallels are between Kahun 26 and Berlin 196, and Kahun 28 and Carlsberg IV (1, x+4-x+6).

[10] Alan H. Gardiner, *The Ramesseum Papyri* (Oxford: University Press, 1955).

near a 19th dynasty site (1295-1186 BCE), the tomb is thought to date from the Middle Kingdom (2106-1786). A reference within papyrus no. VI to Amenemhat III (1843-1798)[11] indicates a 12th dynasty date for the collection.

Only three of the papyri have medical content, papyri nos. III, IV and V.[12] Written in hieratic, the recto of papyrus no. III is divided into two sections, A and B, which have thirty-one and thirty-four paragraphs respectively. The content provides treatments in ophthalmology, gynecology and pediatrics. Papyrus no. IV, also in hieratic, consists of forty paragraphs divided into five sections, each designated by a letter (A-E). This papyrus is also concerned with gynecology and pediatrics. The passages on childbirth are seen as more magical in practice than medical.[13] These two Ramesseum papyri have parallels in the Berlin and Kahun papyri. Papyrus no. V differs from the other two in that it is written in hieroglyphs.[14] The papyrus is laid out in two columns with twenty prescriptions written vertically; a horizontal title heads the columns. The recipes are for treatment of the *mtw*[15] referring here to muscles and tendons rather than blood vessels. These prescriptions closely parallel ones found in the Ebers and Hearst papyri.

2.2.3 Ebers

---

[11] Dates follow the middle chronology of Kitchen.

[12] These papyri can be found in J. W. B. Barns, *Five Ramesseum Papyri* (Oxford: University Press, 1956); Gardiner, *Ramesseum Papyri* and Grapow, von Deines, and Westendorf, *Grundriss IV Pt. 2*.

[13] Dawson, "Egyptian Medical Papyri."; John Nunn, *Ancient Egyptian Medicine* (Norman: University of Oklahoma Press, 1996), 40.

[14] This is the only known case of hieroglyphs being used for a medical document apart from the Kahun Veterinary Papyrus.

[15] The *mtw* will be discussed in more detail below, § 2.3.

Edwin Smith originally found the papyrus in 1862. According to legend, it was lodged between the legs of a mummy in the Assassif area of the Theban necropolis opposite Luxor. Eventually, Georg Ebers of Leipzig bought the papyrus, hence its name.[16] It is currently housed in the University Library of Leipzig.

The papyrus is written in hieratic in over 108 columns of twenty-two lines each. The scribe numbered each column, or page, but omitted numbers twenty-eight and twenty-nine; his final numbering totals 110. Two numbering systems exist, the original pagination with line numbers and the consecutive numbering of the 877 paragraphs first used by Wreszinski. The recto of the papyrus contains the medical content while the verso is a calendar.

Language analysis dates the papyrus from the early 18th dynasty (1550-1295).[17] This is supported by a passage on the verso of the papyrus, containing a calendar, which gives a date of the ninth year of the reign of Amenhotep I (1525-1504). Typical, but dubious, claims of antiquity can be found within the medical contents of the papyrus. A date from the 6th dynasty (2350-2190) is based upon a passage in section LXVI.15 in which a prescription claims to have been originally prepared for "Shesh, the mother of his majesty the King of Upper and Lower Egypt Teti." Another passage in section CIII.01 claims that it was "found in a writing under Anubis' feet in Letopolis; it was brought to his majesty of Upper and Lower Egypt Usaphais." This would indicate a rather remarkable date in the 1st dynasty (3000-2840

---

[16] The papyrus was originally published as a facsimile, G. M. Ebers, *Papyros Ebers* (Leipzig: Engelmann, 1875) and in hieroglyphic transcription, Walter Wreszinski, *Der Papyrus Ebers I Teil: Umschrift* (Leipzif: Hinrichs, 1913). For translations, see H. Joachim, *Papyros Ebers* (Berlin: Reimer, 1890); C. P. Bryan, *The Papyrus Ebers* (London: Geoffrey Bles, 1930); B. Ebbell, trans., *The Papyrus Ebers* (Copenhagen: Levin and Munksgaard, 1937) and Grapow, von Deines, and Westendorf, *Grundriss IV Pt. 2*.

[17] Ebbell, *Ebers*, 12; Dawson, "Egyptian Medical Papyri."; Nunn, *Ancient Egyptian Medicine*, 34.

BCE). These two prescriptions may originally date from the Old Kingdom period; it is more likely, howewver, that these claims were made by a later scribe in order to provide a sense of authority to the prescriptions.

Various sections of the medical content appear to be copied from earlier works including the Edwin Smith and Kahun papyri; further parallels exist with the Hearst, Berlin and London papyri. The content of the papyrus includes a wide range of conditions. In order of appearance, the areas covered are: the belly, intestinal worms, skin afflictions, diseases of the anus, the heart, remedies by gods for the gods, the head, urine flow, remedies to "cause the heart to receive bread," cough and *ghw* disease, the eyes, bites by both man and crocodile, the head with emphasis on the hair, the liver, injuries, secretions, teeth, legs, fingers and toes, *mtw,* the tongue, ear, nose and throat, gynecology, and household pests. The papyrus then moves into a descriptions of the anatomical basis for *mtw* and cardiovascular dysfunctions. Finally, the papyrus provides surgical treatments for ulcers, tumors and swellings. The cases presented do not systematically move through the anatomy nor are they grouped by related symptoms. Some categories may appear repeatedly throughout the papyrus such as dermatology.[18] Although the papyrus begins with three spells, it does not make extensive use of them; there are only eleven in the entire document. There are numerous glosses added by the 18th dynasty (1550-1295 BCE) scribe but they do not seem to be correctly placed in the text.

2.2.4 Edwin Smith

Mustafa Agha, the Egyptian Consular Agent in Luxor, sold a medical papyrus to Edwin Smith in 1862, the same year it was found. Like Ebers, the Smith papyrus

---

[18] Paragraphs 90-95, 104-118 and again in 708-721.

supposedly comes from a tomb (perhaps of a physician) in the Theban necropolis opposite Luxor. Smith presented the papyrus to the New York Historical Society in 1906, and it is now held in the New York Academy of Medicine.[19]

The Edwin Smith Surgical Papyrus contains 377 lines over seventeen pages on the recto and 92 lines over five pages on the verso, both written in hieratic. With the exception of a few passages on the verso, most of the document is in the same hand. The recto comprises the surgical portion and is divided into forty-eight trauma cases; the papyrus stops abruptly in the middle of the last case. The verso treats a variety of illnesses non-surgically. The first page is missing; therefore, the numbering begins with the second page.

Breasted dates the papyrus to the 17th century BCE based upon the text's use of Middle Egyptian.[20] He conjectures, however, the papyrus was copied from an Old Kingdom original based on vocabulary and grammatical constructions. The glosses, though, are thought to date from the New Kingdom.[21]

The Smith Papyrus is frequently cited as being the most scientific, or modern, out of the corpus of medical papyri, because it rarely makes use of incantations;[22] of the forty-eight cases, there is only one incantation, while the verso contains eight. Nunn simply states that Smith is more logical than the others, since it is an instruction

---

[19] The papyrus has been published in James Henry Breasted, *The Edwin Smith Surgical Papyri* (Chicago: University of Chicago Press, 1930) and Grapow, von Deines, and Westendorf, *Grundriss IV Pt. 2*.

[20] Breasted, *Edwin Smith*, xiii.

[21] Nunn, *Ancient Egyptian Medicine*, 27.

[22] Dawson discusses two categories for the Egyptian medical papyri, one magical and the other scientific in Dawson, "Egyptian Medical Papyri." Breasted makes a similar distinction for the Smith Papyrus, stressing that the verso, unlike the recto, is a "magical hodge-podge"; see James Henry Breasted, *The Edwin Smith Surgical Papyri* (Chicago: University of Chicago Press, 1930), 6.

book rather than a compendium of remedies.[23] The order of the cases follows an anatomical progression, starting with the cranium and moving downwards through the face, neck, shoulder, upper arm, chest, and spine before abruptly ending in the middle of a case.[24] Each case is presented in a formula of title, examination, diagnosis, verdict, and treatment.[25] The verso presents eight incantations against something called *y'd.t rnp.t* (pest of the year), interrupted menses, recipes for the complexion and restoring youth, and finally, a case for an ailment of the anus.

2.2.5 Berlin

The Berlin Museum has two medical papyri: a fragment (3027) dating from the 18th dynasty and a lengthy document (3038) thought to be from the 19th dynasty based upon its style of writing. It is this latter papyrus that is commonly known as the Berlin Papyrus but is occasionally referred to as the Brugsch Papyrus.

In 1827, Guiseppe Passalacqua sold this medical papyrus to Friedrich Wilhelm IV of Prussia who placed it in the Berlin Museum. It is thought to have come from Saqqara but nothing is truly known of its provenance.[26]

The Berlin Papyrus covers twenty-four pages, twenty-one on the recto and three on the verso. Paragraphs 1-191 are on the recto and 192-204 on the verso. The

---

[23] Nunn, *Ancient Egyptian Medicine*, 27.

[24] This type of progression starting with the head is not unique to the Smith Papyrus but can be found in Spell 42 of the *Book of the Dead*, when placing a body under protection of the gods and in the Metternich Stela for the protection of a cat after it has been stung by a scorpion.

[25] This format is also used in the Ebers Papyrus paragraphs 188-207, 857-877 and the Kahun Papyrus paragraphs 1-17; see Breasted, *Edwin Smith*, 36.

[26] For publications, see Walter Wreszinski, *Der grosse medizinische Papyrus des Berliner Museums: Pap. Berl. 3038* (Leipzig: J. C. Hinrichs, 1909) and Grapow, von Deines, and Westendorf, *Grundriss IV Pt. 2*.

contents contain treatments concerning the *mtw*, breasts, contraception and fertility tests. There are many parallels with the Ebers, Hearst, Kahun, and Carlsberg papyri. Like Ebers, the Berlin papyrus claims an ancient origin; paragraph 163a states, "found...under the feet of Anubis in Letopolis, in the time of the king of Upper and Lower Egypt Den." This same paragraph mentions that the scribe who authored, or at least compiled, the document was a *swnw*. Paragraph 190 uses the name Netjer-hetepu, but it is disputed if this is the scribe's name or simply the name of a disease demon.[27]

2.2.6 Hearst

Dawson reports that the papyrus was found at Deir el-Ballas in 1899,[28] but another account has the papyrus brought to the camp of the Hearst expedition, near Deir el-Ballas, in 1901.[29] The papyrus is named after Phoebe Hearst, William Randolph Hearst's mother. It is currently held by the University of California.[30] The Hearst Papyrus is commonly dated to the reign of Thuthmosis III (1479-1425). Thus, like Ebers and Smith, the Hearst Papyrus dates to the 18th dynasty (1550-1295 BCE), but somewhat later.

The papyrus is eighteen pages. Wreszinski divided the contents into 260 paragraphs, the standard reference system used today, but Reisner numbers them 1-269. The contents treat the alimentary and urinary systems, teeth, orthopedics, hair,

---

[27] Cf. Chester-Beatty VII.

[28] Dawson, "Egyptian Medical Papyri."

[29] Nunn, *Ancient Egyptian Medicine*, 35.

[30] For publications, see G. A. Reisner, *The Hearst Medical Papyrus* (Leipzig: Hinrichs, 1905); Walter Wreszinski, *Der Londoner medizinische Papyrus (British Museum No. 1005) und der Papyrus Hearst in Transkription, Ubersetzung und Kommentar* (Leipzig: Hinrichs, 1912) and Grapow, von Deines, and Westendorf, *Grundriss IV Pt. 2.*

blood, animal bites, and the *mtw*. There are nearly a hundred paragraphs similar to or even identical with Ebers.[31] Parallels can also be found with the Berlin papyrus and Ramesseum V.

2.2.7 London

Not much is known about this fragmentary papyrus. It came to the British Museum in 1860 from its previous home at the Royal Institute of London. It is dated to the late 18th dynasty, perhaps close to the reign of Tutankhamun (1336-1327).[32] Its nineteen pages are divided into sixty-one paragraphs of which only twenty-five seem to be of medical content. A majority of these have parallels with the Ebers papyrus. The non-parallel passages treat gynecological issues. This papyrus (BM 10059) should not be confused with a medical papyrus of much later date, also housed in the British Museum (BM 10070).[33]

2.2.8 Chester-Beatty

From the corpus of hieratic papyri found at Deir el-Medina in 1928, nineteen were presented to the British Museum by Sir Alfred Chester-Beatty.[34] The medical

---

[31] A table listing the identical passages can be found in Grapow, von Deines, and Westendorf, *Grundriss IV Pt. 2*, 1–23.

[32] For publications, see Wreszinski, *Der Londoner medizinische Papyrus* and Grapow, von Deines, and Westendorf, *Grundriss IV Pt. 2*.

[33] BM 10070 is now joined with a papyrus from Leiden, see F. Ll. Griffith and Herbert Thompson, eds., *The Leyden Papyrus: An Egyptian Magical Book* (New York: Dover Publications, 1974). The London and Leiden Papyrus is one of the latest, dating from the 3rd century C.E. It is written in demotic and seems to borrow heavily from Greek tradition, including many Greek glosses.

[34] For publications, see Alan H. Gardiner, *Hieratic Papyri in the British Museum* (London: British Museum, 1935); F. Jonckheere, *Le Papyrus Medical Chester Beatty* (Brussels: Fondation Egyptologique Reine Elizabeth, 1947) and Grapow, von Deines, and Westendorf, *Grundriss IV Pt. 2*.

papyri from this collection belonged to an archive begun by the scribe Qen-her-khepeshef in the 19th dynasty (1295-1186 BCE) and seem to have remained with his family for approximately a century before being placed in a tomb at Deir el-Medina. Despite the medical content of the papyri, there is no evidence that any of the family members held the title *swnw*.

Papyri VI and X have a predominantly medical content. The recto of Chester-Beatty VI (BM 10686) covers eight pages and is divided into forty-one paragraphs. It treats diseases of the anus and has parallels to the Ebers, Hearst and Berlin papyri. The therapeutic recipes prescribed are of a slightly different nature than in the other medical papyri. The recipes in Chester-Beatty VI are listed as "A then B then C"; the others present recipes as "A or B or C." Although this may be a stylistic variation on the part of the scribe, it may also be that the therapies are to be applied sequentially. The verso of VI treats epilepsy, predominantly by incantations. Chester-Beatty X (BM 10690) gives incantations and recipes for aphrodisiacs and treating impotency.

The medical content of other Chester-Beatty papyri are diffuse. The prescriptions in papyrus V (BM 10685) are limited to its third section. This passage treats headaches with incantations. Papyrus VII (BM 10687) provides spells for the treatment of scorpion stings on both the recto and verso. The ailment referred to as "thirst in the mouth" is treated with only two prescriptions in papyrus XV (BM 10695). Papyrus VIII (BM 10688) appears to have medical content but is too badly mutilated for an accurate translation.

2.2.9 Carlsberg VIII

Like the London papyrus (BM 10059), the origin of the Carlsberg papyrus is unknown. The dating of the papyrus is from the 19th (1295-1186 BCE) or 20th

dynasty (1186-1069 BCE). The writing style in the papyrus suggests that the document is based upon a 12th dynasty (1963-1786 BCE) original.[35] It is owned by the Carlsberg Foundation, hence the name, but kept at the Egyptological Institute of the University of Copenhagen.[36]

The recto and verso are written in two different hands. The recto seems to be an exact copy of the passages in Ebers that treat eye ailments. The verso contains tests for pregnancy, sex of the unborn child, and recipes for conception. These passages have substantial parallels to similar sections in the Berlin and Kahun papyri.

2.3 Explanatory Model of Illness

To gain an initial sense of Egyptian body image, let us look briefly at the culture's art work. Most representations of the body, particularly for the king, depict ideal features: youthful, well muscled with limited fat and properly proportioned. But, this projection of health can change depending on the function of the artwork. Realistic representations can be found occasionally in *ka*[37] and *shabti*[38] statues as well as tomb wall reliefs. A statue's realism ensured that the *ka* would recognize its body.[39] But some features thought to be realistic depictions may actually be conventions to

---

[35] Nunn, *Ancient Egyptian Medicine*, 39.

[36] For publications, see E. Iverson, *Papyrus Carlsberg, No. VIII* (Copenhagen: Munksgaard, 1939) and Grapow, von Deines, and Westendorf, *Grundriss IV Pt. 2*. Both publications use a system of paragraphs designated by Roman numerals while page and line numbers are in Arabic numerals; an x denotes the presence of a lacuna.

[37] Funerary images for housing the deceased's creative life force or *ka*.

[38] *Shabti* statues were provided in tombs to serve the deceased. In the Old Kingdom, they typically represented family members of the deceased but developed into more generalized models of workers and workshops by the Middle Kingdom.

[39] The statue of the dwarf Seneb and his family was found in a 5th Dynasty (2500-2350 BCE) tomb from Giza. Similarly, the various statues of Tutankhamun show distinct facial features.

convey status or livelihood. Fat meant prosperity but not among the royalty itself. Wives, whether royalty or not, were always depicted as tall and slender. Blindness meant one might be a harpist. Achondroplastic dwarfism became a way of rendering someone's short physical stature without compromising the conventional use of size to denote status.[40] Hernias appear in reliefs of workmen[41] but never kings (although, the condition of the mummies of Ramesses V and Merneptah suggests they had hernias).[42] An exception to the artistic convention of the healthy, well muscled king occurs during the Amarna period. But again, the supposedly realistic portrayal of Akhenaten's figure may serve a symbolic function in the theology of the Aten.[43] The most graphic literary depiction of body images appears in the Middle Kingdom *Instructions of Dua-Khety* (or *Satire on the Trades*) which portrays the ills of various occupations. This brief survey indicates that the ideal body image varies according to the expectations of the audience.

In addition to these representations of status or occupation, the idea of purity also influenced the Egyptian idea of body image. Purity entailed washing, shaving all hair, circumcision and sexual abstinence when working at the temple. Dietary restrictions also applied but varied from nome to nome.[44] Only those coming into

---

[40] Nunn, *Ancient Egyptian Medicine*, 78–79.

[41] Some examples can be found in the Old Kingdom tombs at Saqqara for Ptah-hotep, Mehu and the vizier Ankhmahor.

[42] J. Thompson Rowling, "Hernia in Egypt," in *Diseases in Antiquity* (Springfield: Bannerstone House, 1967), 446; Nunn, *Ancient Egyptian Medicine*, 92.

[43] Debate surrounds the depictions of Akhenaten with feminine features. It may be an accurate portrayal of an unknown medical condition or an artistic convention to express Aten as the sole creator, both mother and father of the Egyptian people. Aten's earthly representative is the pharaoh Akhenaten, hence his statuary has both masculine and feminine characterisitics.

[44] S. Sauneron, *The Priests of Ancient Egypt* (Ithaca: Cornell University Press, 2000), 36–37.

proximity with the divine needed to be in a pure state. The title *w'b* (pure) denotes even the lowest level of temple servants. All of these proscriptions ensured that rituals connected to the divine would be flawless. This perfection was needed in order to maintain the presence of the divine and, in turn, the order of the universe, *mꜣ't*. The ideas of *mꜣ't* and *w'b* are intimately linked in Egyptian theology. In both iconography and ritual, we can see, once again, how the ideal body image is determined by the communal sphere, particularly in the area of religion.

In terms of physiology, Egyptian body image uses the models of plumbing/irrigation, balance, and symbolic anatomy. The irrigation model is evident in the description of the *mtw* and the resultant diseases from their blockage.[45] An exact translation for the term *mtw* is debated. The Egyptian texts use it to mean anything from actual blood vessels to nerves or even muscle tissue. *Mtw* seems to be applied to any tissue that is long and thin. The *mtw* are a system of vessels, 22 in total, that run throughout the body and link up at two points, the heart and the anus. There are various places where the *mtw* open to the outside world, such as the anus, the ears, and the eyes. It is through these openings that noxious substances can enter the body (ears) or exit (anus).

The *mtw* system helped explain to the Egyptians the presence of infections. Diagnoses are often determined, in part, by feeling a patient's pulse, believed to reflect flow through the *mtw*. Wounds or other illnesses can become infected by the noxious substances travelling through the *mtw*.[46] Many cases in the various medical papyri speak of the need to evacuate certain substances as a way of restoring good health. The

---

[45] Ebbell, *Ebers*, 114–18; Wreszinski, *Berlin Papyrus*, 35.

[46] Breasted, *Edwin Smith*, 363–69, 375–91, 403–06.

irrigation model of physiology explains the ubiquitous use of laxatives and emetics in Egyptian medicine.

Although not directly connected to the *mtw*, Egyptian healers noted a relation between the spinal cord and movement of the limbs.[47] This relationship may be classified under the idea of body as a machine, where one part can affect the use of another. Body as machine is intimately connected to the irrigation model of physiology. Without knowing blood circulation or the electrical impulse of the nerves, the Egyptians understood that substances move through the body and help it to function properly as if it was a hydraulic system. The disruption of this movement, weak pulse or neuropathy, causes illness or the breakdown of the hydraulic machine.

Egyptian medicine uses the balance model as a corollary to the idea of irrigation. We are familiar with the theory of the four humors in western medicine, in which one must keep specific substances in a relative balance in order to be healthy. An imbalance can cause illness or at the very least influence personality traits. In most cases, the substances traveling through the *mtw* lack specific names, and ideal quantities are never mentioned. Yet, there is an understanding that too much or too little creates an imbalance resulting in illness.[48] The continual flow is the body itself attempting to maintain a natural balance.[49]

The idea of balance or order predominates Egyptian culture in the form of *mꜣꜥt*. Here, we see a connection between the concepts of physiology and the religion. The goddess Maat personifies truth, justice, and harmony and represents the divine order of the universe. The regular change of seasons, astronomical movements, and even the

---

[47] Breasted, *Edwin Smith*, 324–32.

[48] Ebbell, *Ebers*, 114–16.

[49] Grapow and von Deines, *Grundriss IV Pt. 1*, 16.

relationship between deities and humans are under her control. Human physiology is no exception. The proper flow of substances through the *mtw* is yet another representation of Maat/*mꜣ't* at work.

The ideas of *mꜣ't* and *mtw* are not the only points of intersection between religion and physiology. The use of canopic jars to house certain organs and their association with particular deities reflects the Egyptians' symbolic anatomy. The liver is linked to Imsety[50] and Isis, the lungs with Hapy and Nephthys, the stomach with Duamutef and Neith and finally the intestines with Qebehsenuef and Serqet. These pairings may be due in part to the myths involving the pairs of gods and goddesses. Another form of symbolic anatomy can be found in the pairing of body parts with deities as a form of protection in the *Book of the Dead.* Investigating the myriad reasons as to why a god was linked with a particular body part would take us too far afield. The key issue is that Egyptian culture closely associated religious symbols and ideology with medicinal ones. The metaphors "my eyes are Hathor; my ears are Upwawet...my lips are Anubis; my teeth are Selqet..."[51] imply more than just a case of invoking a god's power to heal. Taken literally, these formulae recognize that the body in some manner represents the pantheon. This idea will come up again in Egyptian therapeutics.

At this point we should discuss the role of diagnosis in the Egyptian explanatory model. Most of the cases in the medical papyri consist of symptoms and remedies. Rarely is a particular illness given a separate name or diagnosis. Breasted

---

[50] The Four Sons of Horus — Imsety, Hapy, Duamutef and Qebehsenuef — protect the organs of the deceased and decorate the canopic jars. The Pyramid Texts originally refer to them as "friends of the king." During the Middle Kingdom, the goddesses Isis, Nepthys, Neith and Serqet come to protect the four gods and the association of each pair with a particular organ begins to take shape.

[51] Thomas G. Allen, *The Book of the Dead* (Chicago: University of Chicago, 1974), 48.

identifies the phrase *ḏd.jn.k r.f* (then you say about him) as the beginning of a diagnosis in the Edwin Smith papyrus.[52] This phrase also appears in other papyri, such as Ebers 188 and 189. But the statement following *ḏd.jn.k r.f* is a description of a symptom, most often one already mentioned in the title and/or examination. Thus, the symptom itself serves as the diagnosis instead of identifying the illness as something separate and distinct by giving it a separate name. Further complicating the matter are cases that do not use this repetitive symptom formula but rather follow the phrase *ḏd.jn.k r.f* with terms such as *wḫdw* or *ꜥꜣꜥ*. This association leads some to discuss *wḫdw* and *ꜥꜣꜥ* as diseases *per se*.[53] But these terms also appear as an etiology for illness. It appears that diagnosis can be synonymous with symptoms as well as etiology. The Egyptians do not seem to have needed a separate classification for the nature of an illness apart from what caused it or how it physically manifested. Nevertheless, when *ḏd.jn.k r.f* appears, a declaration is being made about the nature of the illness. Diagnosis for the Egyptians serves the same function as it does in western biomedicine in that it identifies the illness. But, unlike western biomedicine, this diagnosis is synonymous with the symptom or etiology.[54] Much has been made of the western biomedical practice of naming and objectifying disease, especially in regard to distancing the problem from the patient and his culpability. The Egyptian practice of diagnosis does not have these same associations. Rather, it serves to explain to the patient (and others?) how the illness connects to the world, including humans and deities.

---

[52] Breasted, *Edwin Smith*, 45.

[53] Nunn, *Ancient Egyptian Medicine*, 63.

[54] Biomedicine will use diagnoses that are synonymous with symptoms but only when science is at a loss to explain etiology, such as ideopathic pulmonary fibrosis.

Scholars often distinguish between empirical or rational etiology and magical causes of illness in the Egyptian explanatory model.[55] This dichotomy centers around the differences between obvious trauma and more obscure internal disorders. A trauma, be it a work injury or an animal bite, comes from the observable natural world, whereas internal disorders do not appear to originate from the natural world and therefore must be supernatural in origin. Much like the binary theories of etiology espoused by Foster and Anderson[56] or Young,[57] this explanation of Egyptian etiology reduces the complex interactions of communal and personal spheres and the four categories of etiology to a simplistic dualism. Not only does the rational-magical dualism obscure any overlap, it inevitably measures Egyptian medical knowledge and explanatory models against biomedicine. A closer analysis of Egyptian explanations for disease causation reveals that trauma/natural and internal/supernatural classifications do not accurately describe their explanatory model of illness.

This dichotomy of trauma/natural (and scientific) against internal/supernatural (and magico-religious) stems in part from the peculiar character of the Edwin Smith papyrus in comparison to the other medical papyri. The Smith Papyrus deals exclusively with trauma such as fractures or lacerations most likely caused by an instrument, either at work or in battle. The manner of examination and even treatment is akin to biomedicine and therefore seen as rational and scientific.

An exception is case no. 9, which consists of a title, an examination, and treatment just like all the others. What is different is that the examination contains

---

[55] Breasted, *Edwin Smith*, xiii, 18; Nunn, *Ancient Egyptian Medicine*, 56.

[56] G.M. Foster and B.G. Anderson, *Medical Anthropology* (Wiley, 1978).

[57] A. Young, "The Relevance of Traditional Medical Cultures to Modern Primary Health Care," *Social Science and Medicine* 17 (1983): 1205–11.

only the symptom used in the title and no further observations. In addition, the treatment uses an incantation, the only one in the forty-eight "surgical" cases on the recto. The incantation refers to the "enemy that is in the wound" as the adversary of Horus, with the wound (or patient) being under the protection of Isis and Osiris. As we shall see, many treatments draw upon the cycle of myths about Horus, Osiris, Isis and Seth. Breasted dismisses case no. 9 simply as a temporary lapse on the part of the otherwise rational author, if not a scribal corruption from a later date.[58] There is no evidence of scribal corruption. To dismiss the incantation as a momentary lapse of reason tells us more about modern notions of medicine than about the ideas of the ancient Egyptians themselves. Case no. 9 illustrates that even an illness with an observable natural cause, i.e. trauma, is still connected to the supernatural.

The cases in the Smith Papyrus do not explain how the trauma came about, but merely describe wounds and their treatments. This still leaves open the question of a supernatural etiology even for trauma. Here it is helpful to move beyond the medical papyri and examine episodes of trauma in Egyptian literature. *King Cheops and the Magicians*[59] tells how a chief lector priest, Webaoner, created a crocodile out of wax and brought it to life by reading magic words. This crocodile then devoured the townsman having an affair with the wife of Webaoner.[60] A seemingly natural trauma is ultimately caused by a supernatural agent.

---

[58] Breasted, *Edwin Smith*, 217.

[59] *King Cheops and the Magicians* is found in Papyrus Westcar dating from the Hyksos (1648-1540 BCE) period. Composition of the tale is thought to be from the 12th Dynasty (1963-1786 BCE).

[60] William Kelly Simpson, ed., *The Literature of Ancient Egypt* (New Haven: Yale University Press, 1973), 17–18.

Also in *King Cheops and the Magicians* is the didactic tale of the maid servant of Reddedet.[61] The husband of Reddedet, a *wʿb* priest, prays to the goddesses of childbirth to ease his wife's delivery. The goddesses appear and act as Reddedet's midwives. Before the goddesses leave, they fashion three crowns for the infant sons and hide them in the family's grain storage. Reddedet and her maid servant prepare the house for the traditional fourteen days of purification that follow a birth and come across the three crowns. The maid servant swears to Reddedet that she will keep the crowns a secret. A few days later Reddedet and her maid servant have an argument that results in the maid servant receiving a beating. Distraught, the maid servant threatens to divulge the secret of the crowns to King Khufu and flees the house. She soon encounters her brother and tells him her tale of woe. He, too, beats the maid servant for wanting to betray her mistress. The maid servant, exhausted from the beating, stops along the bank of the Nile for a drink. Without warning, a crocodile springs from the water and devours the maid servant.

Here we see not only the beatings but the actions of a dangerous animal being linked to the ethical transgressions of an individual. Attacks and animal bites, regarded by western biomedicine as a source of trauma with an obvious natural etiology, may ultimately be of supernatural origin in the Egyptian explanatory model. If we re-evaluate the story of Reddedet's maid servant in light of the four classes of etiology — natural, individual, social, and supernatural — the maid servant suffers from beatings and a crocodile attack (natural), brought about by her own actions (individual), which go against acceptable behavior for a maid servant (social), and ultimately disrupt the balance of *mꜣʿt* (supernatural).

---

[61] Simpson, *Literature of Ancient Egypt*, 30.

Battle or work injuries are another source of trauma that an Egyptian may view as supernatural in origin. *The Story of Sinuhe*[62] and *The Capture of Joppa*[63] both attest to the common practice of attributing military success to the favor of the war god Montu.[64] Not just the general victory, but even the actions of weapons are attributed to the supernatural. In *The Contendings of Horus and Seth*,[65] Isis commands her harpoon, and the barb is anthropomorphized as "biting" Horus and Seth.[66] This description moves beyond just picturesque prose and indicates an underlying sense of animism. As with animal bites, trauma from an instrument may be attributed to the supernatural, by the actions of either a god or spirit. An animistic belief may account for work related injuries as well as battle wounds.

Having cast some doubt on the facile association of trauma and natural world etiology, let us look at the link between the supernatural world and internal disorders. The medical papyri refer to the accumulation of *wḫdw*[67] as the source of some illnesses that modern scholars have characterized as internal disorders. This term is related to the verb *wḫd* meaning "to suffer" and has been variously translated as pain-

---

[62] Copies of *The Story of Sinuhe* are found in numerous papyri and ostraca dating from the 12th (1963-1786 BCE) to the 21st dynasties (1069-945 BCE).

[63] *The Capture of Joppa* is found in Papyrus Harris 500 (BM 10060) dated from the 19th dynasty (1295-1186 BCE).

[64] Simpson, *Literature of Ancient Egypt*, 65, 84.

[65] This story is in Papyrus Chester Beatty I dating from the 20th dynasty 1186-1069 BCE).

[66] Simpson, *Literature of Ancient Egypt*, 118.

[67] This term is not used in the Edwin Smith Papyrus but does appear in: Ebers 98, 121-124, 126-127, 129, 131, 141, 187, 233, 253-254, 741, 856, 858, 871; Berlin 74, 163-164, 168, 174-178, 187-188; Hearst 30, 37, 41-46,138; Ramesseum III A27; London (BM10059) 26; Chester-Beatty 31, 32.

matter[68] or purulency.[69] Perhaps it is best to leave it untranslated, as does Leca.[70] According to the theory espoused by Steuer,[71] the *wḫdw* can travel throughout the body via the *mtw*, thus causing sickness. Ebers 856a and Hearst 41 attest to the movement of *wḫdw* (but do not mention the *mtw* as the conduit). These cases appear to use a natural world etiology akin to western biomedicine's idea of germs. But Ebers 131 indicates that *wḫdw* are in the same classification as illnesses caused by supernatural agents such as gods or the dead. It is difficult to slot *wḫdw* into only one etiology category. Apparently, for the Egyptians, *wḫdw* straddles both natural and supernatural origins. It may come to the body by supernatural means but it also takes a known, perhaps even predictable course.

The *ꜥꜣꜥ* is another example of an internal disorder that may be both natural and supernatural. Ebbell,[72] Jonckheere,[73] and Lefebvre[74] identify it as a form of the natural disorder hematuria based upon Ebers 62. The passage states, "...eaten by a man in whose belly there are *ḥrrw*-worms; it is haematuria (*aaa*) that produces them...."[75] The association of *ꜥꜣꜥ* with the *ḥrrw*-worms makes the disease sound natural rather than

---

68 Grapow and von Deines, *Grundriss IV Pt. 1*, 7–15.

69 Ebbell, *Ebers*.

70 A-P. Leca, *La médecine égyptienne au temps des pharaons* (Paris: Roger Dacosta, 1988).

71 R.O. Steuer, "Wḫdw: Aetiology Principle of Pyaemia in Ancient Egyptian Medicine," *Bulletin of History of Medicine* Supplement 10 (1948).

72 Ebbell, *Ebers*, 20.

73 F. Jonckheere, *Une maladie égyptienne, l'hématurie parasitaire* (Brussels: Fondation Égyptologique Reine Elizabeth, 1944).

74 G. Lefebvre, *Essai sur la médecine égyptienne de l'époque pharaonique* (Paris: Presses Universitaires de France, 1956), 152–55.

75 Ebbell, *Ebers*, 35.

supernatural. Yet, the supernatural nature of ꜥꜣꜥ is attested in passages such as Ebers 225, Hearst 83, Berlin 58 and London 38, in which it is attributed to either a god or a dead person. Grapow's *Grundriss* series uses *Samen* or *Giftstoffe* as a translation and explains that ꜥꜣꜥ is semen or a toxic substance from an incubus.[76] The idea that ꜥꜣꜥ is semen derives from the verb ꜥꜣꜥ meaning to "discharge semen." Although it comes from a supernatural entity (deity or deceased), ꜥꜣꜥ seems to behave as a natural substance, much like *wḫdw*.

From these few examples it must be concluded that the Egyptian view of etiology is more complex than a simple trauma/natural vs. internal/supernatural dichotomy. An illness may have a natural world etiology but link simultaneously to a supernatural, social, or even individual etiology. When a person suffers from an illness, the etiology chosen for the explanatory model depends upon the cultural sphere targeted by the explanation. A medical papyrus, such as Edwin Smith, directs itself towards the healer, who may focus on the alleviation of specific symptoms (personal sphere); therefore, the papyrus appears to emphasize natural world etiologies. In literature, illness, however, may serve a more didactic purpose, teaching its audience how and why illness or other disasters occur. In this mode, the report of medical issues can use natural, individual, social, or supernatural etiologies as the story's moral warrants. Likewise, the medical papyri, apart from Edwin Smith, may also focus on different etiologies and treatments; a healer may wish to inform a patient as to how his particular illness connects to the world around him.

As in etiology, Egyptologists often perceive a dichotomy in Egyptian therapeutics. Some treatments are described as pragmatic while others fall under the

---

[76] H. von Deines and W. Westendorf, *Worterbuch der medizinischen Texte, Erste Halfte*, Grundriss der Medizin der alten Ägypter (Berlin: Akademie-Verlag, 1961).

category of magico-religious.[77] The pragmatic treatments are those judged to be effective by western biomedical standards, e.g., the setting of fractures or a recipe whose ingredients are now known to have a beneficial pharmacological effect. But, as stated above, the efficacy of a treatment ultimately rests upon the patient and healer sharing the same explanatory model; both need to understand the illness in the same way and have the same expectations.

The best attestation we have for an agreed upon explanatory model is in the phrase *šś ḥḥ sp* (found effective a million times). It appears frequently in the various papyri[78] and indicates that particular treatments were found effective, perhaps from both the healer's and patient's view points. This is not to say that treatments without the designation *šś ḥḥ sp* lacked effectiveness. The medical papyri are presumably biased and not likely to report a negative reaction. They would instead just omit that recipe from the catalogue of therapeutics.

It is difficult to tell which treatments the various health practitioners in ancient Egypt preferred. We know of three titles, *swnw, wꜥb* priest, and *sꜣ*. The various types of therapies from surgery to incantation, appear in the repertoire of all three. Let us then further examine the different types of treatments and see how they connect to the elements of physiology and etiology in the explanatory model.

Recipes for purgatives are frequently found in the papyri; many have statements such as "causes vomiting" or "to open the bowels."[79] Other treatments in

---

[77] Dawson, "Egyptian Medical Papyri," 100; Griffith and Thompson, *Leyden Papyrus*, 5.

[78] For example Ebers 123, 131 and Smith XXII 10.

[79] Ebers 7.

this category include diuretics[80] and anti-diarrheals.[81] This type of treatment coincides with the physiology of the explanatory model. If the body works as a plumbing system, clearing out the pipes should get the system running again. Purgatives also aim at the natural world etiology of illness. By choosing a laxative or emetic, the healer focuses on the blockage of *mtw* and not the possible supernatural origins of *wẖdw* or other substances. Since an episode of illness can be multi-causal, one must not assume that the use of a purgative implies that the healer or patient sees only the natural etiology of the particular illness. Any one case in the medical papyri speaks only to a moment in time for a particular illness. Unfortunately, we do not have entire patient histories; we cannot tell how many other therapeutic measures were sought for the same illness.

Similarly, poultices and fumigations act to expel an abnormal illness-causing agent such as pus.[82] This is in contrast to purgatives causing an expulsion of normal body fluids, i.e. feces, digest fluids, etc. Abnormal "fluid" also applies to the more general and perhaps supernatural category of evil.[83] These treatments still rely on the irrigation model of physiology and natural etiology but also incorporate the metaphysical. It is, in effect, a supernatural substance that must be cleared out of the irrigation system. Fumigations and medicated bandages forced the malevolency out of the patient, as a physical substance was exuded. By addressing the amorphous "evil" in the prescriptions, the ancient Egyptian acknowledged that a natural etiology, manifested as pus, was accompanied by a supernatural one, visible only as the presence or absence of an illness.

---

[80] Ebers 27.

[81] Ebers 44.

[82] Ebers 568.

[83] Ebers 245 reads, "all sick places in afflictions caused by a god and all evil things are bandaged", see Ebbell, *Ebers*, 58. Similar phrases are found throughout Ebers, Hearst, etc.

It is interesting that multiple treatments are not necessary but that one therapeutic measure covers both etiologies. Egyptian physiology further reflects the interconnectedness of natural and supernatural. The system of *mtw* seems thoroughly grounded in notions of the natural world, yet *wḫdw*, a substance linked to supernatural activity, effects a person by moving through the *mtw*. A supernatural affliction does not just "magically" hurt someone, it must operate within the natural workings of the body.

Another ubiquitous type of treatment is the incantation or spell. These take on many forms and may stand alone or be used in conjunction with other therapeutics. The devices used in a spell may be a description, a command, a call for protection, and/or a recounting of myths, particularly about Osiris, Seth, Isis, and Horus. Either the patient or the healer may say the incantation; sometimes the recitation is said on behalf of a god, spirit, or even the illness itself. A descriptive spell states the course of action for the therapy, as in Ebers 61, "the burdens are loosened, and the faintness departs which the worm has put into this my belly."[84] Ebers 3 has an example of a command, "Come remedy! Come thou who expellest (evil) things in this my stomach and in these my limbs."[85] Often, gods are invoked for their protection; "I am under the protection of Isis; my rescue is the son of Osiris."[86] Or, parallels are drawn from mythic cycles. "Dost thou remember that Horus and Seth have been conducted to the big palace at Heliopolis....and he shall get well like one who is on earth. He does all that he may wish like these gods who are there."[87]

---

[84] Ebbell, *Ebers*, 35.

[85] Ebbell, *Ebers*, 30.

[86] Smith 9.

[87] Ebbell, *Ebers*, 30.

The incantation always acknowledges the role of the supernatural in the illness. Even in the cases where the remedy is a command, there is the underlying belief in animism. Again, there is a recognition of multiple etiologies, since the incantation is often used in conjunction with the more "pragmatic" therapies.[88] The descriptive spells also indicate that the natural world and physiology are as much a part of healing as the supernatural world and religious ideology. The Western dichotomy of rational-scientific and magico-religious did not exist for the ancient Egyptians.[89]

It would be nice if a one-to-one correspondence could be made between the type of treatment and the title of the healer; e.g., *swnw* use purgatives and poultices whereas *wʿb* priests and *s3w* rely on incantations. But as we have seen, any of the three types of healers use all of the therapies. The three titles all have connections to the religious life of Egypt; there were no purely secular healers. Therefore, one cannot draw the conclusion that incantations or supernatural etiologies are limited to the religious area of the communal sphere. It appears that religion permeated all aspects of Egyptian culture, and, not surprisingly, this included health care.

2.4 Disease and Illness

The Egyptian conception of disease depended upon deviation from the normal flow of substances through the *mtw*. If something disrupts the plumbing or balance of someone's physiology, then that person suffers from a disease. Such a simple and direct definition allows for recognition of a disease in either the personal or communal sphere, without a declaration from a healer. Illness, though, relies upon the

---

[88] Ebers 1-3 are spells to be recited during all applications or removals of bandages and drinking of remedies.

[89] For a similar view point see Kent R. Weeks, "Medicine, Surgery, and Public Health in Ancient Egypt," in *Civilizations of the Ancient Near East* (Peabody, MA: Hendrickson, 2000), 1787–98.

acknowledgement that some area of the communal sphere is disrupted by a physical symptom. Usually, this entails a declaration by a healer.

In the medical papyri, the phrase *ḏd.jnk r.f* (then you say about him) introduces the formal declaration of illness from a recognized authority. Once the illness is acknowledged by the communal sphere, the afflicted then takes on the sick role and may relinquish responsibilities in the communal sphere such as work duty. Reintegration is also facilitated by the Egyptian healers. Once an illness has been identified, the healer declares one of three verdicts or prognoses, *mr jr.y* (an ailment which I will treat), *mr ʿḥꜣ ḥnʿ* (an ailment with which I will contend) and *mr n jrw ny* (an ailment not to be treated). These phrases indicate what will happen with the patient's status in the sick role. If the healer declares *mr jr.y*, then the status is temporary, the patient can be reintegrated once the illness clears. For *mr ʿḥꜣ ḥnʿ*, the status is in doubt, it may be temporary if the illness clears, if not then the person permanently has the sick role and moves into a new role, disabled or deceased. The last phrase, *mr n jrw ny*, indicates the patient will not be reintegrated, he will either be disabled or deceased.

The important information left out of these treatments is how the patient is alleviated of his sick role and reintegrated back into the public sphere, or at least feels more at ease in the private sphere. No rituals to this effect are described, and no comments are made about events after the patient's recovery in the medical papyri. At best, the cases include a comment such as "until he recovers."[90]

Prayers of gratitude may indicate some type of ritual after recovering from an illness's physical symptoms. It was the ritual, rather than the clearing of symptoms, that would have constituted removal of the sick role. A 19th dynasty (1295-1186 BCE)

---

[90] Breasted, *Edwin Smith.*

memorial stela from Thebes attests to the illness of Nakht-Amon who recovered after his father, Neb-Re, prayed to Amun. The stela itself acts as a thanksgiving to Amun for the recovery.[91] Although no mention is made of Nakht-Amon returning to work or religious obligations, the inscription can be interpreted as a necessary part of his ultimate recovery. The cause of the illness, as recorded in the stela, was the "power of Amon because of his cow." The recovery is because "you have rescued for me....so I spoke to you and you did listen to me. Now see, I shall do what I have said." Evidently, Nakht-Amon and his father promised a dedication to Amun for a return to health. To renege on that promise may entail a relapse of the illness. Hence, a full recovery or removal of the sick role required the stela of gratitude. In this case, we see the removal of the sick role at work in the personal sphere.

The removal of the sick role in the communal sphere is more difficult to ascertain. The stela of Nakht-Amon does not mention whether he had to take time off from work or was barred from any religious observances due to his illness. The assignment of healers to work sites indicates that the communal sphere recognized the sick role; at times a worker needed to be relieved of his obligations. What has not been recorded is how an ill/injured worker returned to the job. We can only assume that the removal of the sick role occurred at the very least when a workman resumed his obligations at the work site. Whether return to duty included a ritual or some official designation as "cured" from the site's healer is not known. This type of unrecorded removal of the sick role is not unusual. Even within the system of western biomedicine, a specific ritual to remove the sick role is often not recorded. The worker returning to the office after a few days home with the flu does not require documentation of his regained health.

---

[91] Berlin 20377; see James B. Pritchard, *Ancient Near Eastern Texts Relating to the Old Testament* (Princeton, New Jersey: Princeton University Press, 1969), 38–381.

2.5 Health

Any sphere, communal or private, may identify a person as ill. But the standard by which one is defined as ill relies upon how the culture understands the workings of the body in relation to the rest of the world. As we have seen for ancient Egypt, the explanatory model of illness derives from religious ideology. The physiological processes of irrigation and balance are manifestations of *mꜣʿt*. The Egyptian reliance on religion in their explanatory model does not discount the observable, empirical knowledge of human biology. Rather, it gives that biology a cultural framework in which it may be understood, investigated and applied to daily to life.

The communal sphere can determine if an ancient Egyptian is healthy or ill through consultation with recognized healers such as the *swnw*, *wʿb* priest and *sꜣ*. But just as important is the source of an Egyptian's illness. It is not simply physiological processes acting independently. The patient's connection to the world around him, both natural and supernatural, ultimately determines whether he is healthy. The cases of Reddedet's maid servant and Nakht-Amon show how their actions effect their health.

The absence of an etiology in most of the medical papyri does not mitigate the communal factor in determining health. These are instruction manuals and in keeping with that genre only briefly address how to recognize a particular situation and how to respond. The objective, then, does not include an explanation as to why the situation has occurred or why the treatment would be effective; instructions are often devoid of theory.

The text of Chapter two, in part, appears in *The Biblical Historian: Journal of the Biblical Colloquium West*. I was the primary researcher and author in this publication.

Chapter Three

Mesopotamian Conception of Health and Illness

3.1 Introduction

Before assessing the explanatory model of illness for ancient Mesopotamia, this chapter will first present a brief overview of the available Assyrian and Babylonian sources. Like Egypt, the Mesopotamian sources were used for many centuries, thus giving a continuity to Mesopotamian health care practices. The information gleaned from these sources leads to the conclusion that Mesopotamian medical culture focused more on the communal sphere than the personal when defining and treating illnesses.

3.2 Medical Literature

Unlike the Egyptian texts, the documents from Mesopotamia are not conveniently located in a dozen distinct papyri. Rather, they are collections of tablets which are collated into a particular "book" by editors. This editing process may have occurred in the ancient world, such as the Diagnostic Handbook (*TDP*),[1] but other sources were compiled by modern editors such as the *Assyrian Medical Texts* (*AMT*).[2] These compilations include tablets that modern editors assign to a particular series, based on a common theme, i.e. *utukku limnūti* or UDUG.ḪUL.A.MEŠ (ghost trouble). When compiling these books, modern editors join different fragments. Not all publications, however, agree to the same tablet joins. In the end, a tablet may be published in one or more collections of medical texts or even works on magic and

---

[1] René Labat, *Traité akkadien de diagnostics et pronostics médicaux* (E. J. Brill, 1951).

[2] R. Campbell Thompson, *Assyrian Medical Texts* (London: Oxford University Press, 1923).

divination. For the student of Assyro-Babylonian medicine, this creates a frustrating situation of tracking down widely dispersed tablets. In addition, some universities and museums house tablets with medical content which have yet to be collated or translated.[3] The following is a description of the most frequently consulted published collections.

3.2.1 Diagnostic Handbook (TDP)

This collection is comprised of tablets ranging from the late Middle Babylonian period (1595-1000 BCE)[4] to the reign of Artaxerxes I (464-424 BCE). The oldest datable fragments come from the reign of Adad-apla-iddina (1067-1046 BCE)[5] the majority, however, are from the library of Assurbanipal (668-627 BCE). A colophon added to the beginning of the collection suggests that an ancient scholar, Esagil-kin-apli, grouped together the forty tablets that now make up the Diagnostic Handbook. This collection survived in practical use until the Persian period (525-404 BCE). Babylonian catalogues cite the collection with the short title *sakikkû* (symptoms).

---

[3] Many tablets in the Babylonian Collection, Yale University Library, formerly known as the Nies Babylonian Collection (NBC), have not been published.

[4] A fragment from Nippur dated to the Middle Babylonian period may be from the Diagnostic Handbook collection but was unavailable to Labat for publication. A second tablet from Sultantepe from the Neo-Assyrian period (744-612 BCE) may also belong to this collection. Further information about these tablets can be found in Martin Stohl, *Epilepsy in Babylonia* (Groningen: Styx, 1993). The Sultantepe tablet has been published as STT 1 89 in O. R. Gurney and J. J. Finkelstein, eds., *The Sultantepe Tablets I* (London: British Institute of Archaeology at Ankara, 1957).

[5] This date is from Stohl, *Epilepsy in Babylonia*; according to Labat, the oldest datable fragment for the "canonical" text is from the reign of Marduk-apla-iddina (721-710 BCE), Labat, *TDP*.

Ancient scribes divided the collection into five parts. Part I consists of a list of omens that the *āšipu* (exorcist)[6] may encounter on the way to the house of the sick. Part II begins with a brief description of prophylactic measures for the *āšipu* before he approaches the sick. The remainder of the second part gives a series of symptoms for various anatomical locations, presented in a downwards progression from the head to the feet. Symptoms are described in terms of their state, color, and temperature. Unlike Egyptian texts, the description of symptoms is not followed by therapeutic measures. Part III has a less clearly defined organizing principle. It begins with prognoses grouped according to the duration of sickness, starting with the shortest time span for an illness, one day. The cases then progress, from an individual suffering for several days up to several months.[7] Special attention is given to the changing conditions of symptoms during the course of the day or night. These tablets conclude with a list of symptoms which are attributed to spells, lovesickness, venereal disease, diseases from various deities, ghosts, and manifestations of mental illness. Part IV provides a list of injuries and a discussion of how one illness may transform into another due to a malignant influence. The tablets in this series do provide therapeutics measures for the injury cases. The hallucinogenic experiences of patients are also included in Part IV. Part V deals with gynecology, obstetrics, and nursing infants.

3.2.2 Assyrian Medical Texts (AMT)

---

[6] Two basic terms are used to denote healers in Akkadian, these are *āšipu* and *asû*. *Āšipu* is typically translated as exorcist while *asû* is rendered as physician. The meaning of these two terms will be examined further in ch. 7, Mesopotamian Healers.

[7] This use of time is quite different from that of the Egyptians, who diagnose and treat some diseases based upon the season or calendrical date of when the symptom is reported. Duration of time is used by the Egyptians only to indicate how long a healer should wait between examinations.

In 1923, Thompson published sketches without transliteration or translation of the 660 medical tablets in the British Museum.[8] These tablets came from the royal library of Assurbanipal and are dated to the 7th century BCE. He notes that they are most likely copies of much older sources. For instance one tablet, K. 4023 mentions "the ancient rulers before the flood which was in Shurippak" and the tablet is dated to the second year of Enlil-bani, King of Isin (2201-2177 BCE). It is not clear if the 7th-c. scribe is simply justifying his new work by making an appeal to an older (mythical) authority, or if he was copying an (reasonably) older source.

The preface to this edition lists publications of other tablets (and some duplicates) including the works of Küchler and Ebeling. Thompson delayed producing a comprehensive translation of these tablets until his work on *The Assyrian Herbal* had been completed. As a result, the translations ended up being published as a series of articles in two journals over the next fourteen years.[9] In addition to these articles, Thompson also produced a series of transliterations and translations prior to the 1923 edition of *AMT*.[10] Together these two series provide a transliteration and translation for only 147 of the 660 tablets. Their content is limited to ailments of the head and eyes, rheumatism, and bruises and swellings from trauma.

---

[8] Thompson, *AMT*.

[9] R. Campbell Thompson, "Assyrian Medical Texts," *Proceedings of the Royal Society of Medicine* 17, no. 2 (1924): 1–34; R. Campbell Thompson, "Assyrian Medical Texts," *Proceedings of the Royal Society of Medicine* 19, no. 3 (1926): 29–78; R. Campbell Thompson, "Assyrian Prescriptions for Treating Bruises or Swellings," *AJSL* 47, no. 1 (1930): 1–25; R. Campbell Thompson, "Assyrian Prescriptions for the Head," *AJSL* 53, no. 4 (1937): 217–38; R. Campbell Thompson, "Assyrian Prescriptions for the Head," *AJSL* 54, no. 1 (1937): 12–40.

[10] R. Campbell Thompson, "Assyrian Prescriptions for Diseases of the Head," *AJSL* 24, no. 1 (1907): 1–6; R. Campbell Thompson, "An Assyrian Incantation Against Rheumatism," *Proceedings for the Society of Biblical Archaeology* 30 (1908): 63–69, 145–52, 245–51.

3.2.3 Babylonisch-assyrische Medizin (BAM)

This six-volume series by Franz Köcher provides reproductions of tablets from Assur, Nineveh, Nippur, and Babylon.[11] In addition to the reproductions, Köcher briefly summarizes each tablet, with information on dating, format and content. He also lists evidence of duplications. When a symptom description is lacking, he suggests the text is of practical use for making remedies, whereas the presence of symptom descriptions indicates the text is used for teaching material.

Volume I contains 113 texts made from 149 fragments found at Assur from the collections in Berlin, Istanbul, and Paris. Twenty-one of these were previously published in *Keilschrifttexte aus Assur religiösen Inhalts (KAR*). These texts give recipes for the head, eyes, mouth, teeth, skin diseases, respiratory problems, kidneys, liver, gall bladder, stomach, bowels, and finally, a section on urology.

Volume II is a continuation of texts from Assur, eighty-five in total, now in the collection of Staatliche Museen, Berlin (VAT), Istanbul, and Brussels. These treat urinary disorders, foot disease, paralysis and fever. The concluding tablets deal with birth and supernatural influences.

Volume III reproduces 121 texts from 148 fragments found at Assur; thirteen of these are also reproduced in *KAR*. Köcher views these particular texts as more supplemental, insofar as they have a magical nature: e.g., amulets and the like. He has also included fragments from the series *abnu/šammu šikinšu* (appearance of the stone/plant) and the diagnostic omens. The *muššu'u* (rubbing a body part) and *šimmatu* (paralysis) texts from the SA.GAL.LA series are also included in this volume. Köcher notes that precise dating for many of the texts in this volume is difficult to determine.

---

[11] Franz Köcher, *Die babylonisch-assyrische Medizin in Texten und Untersuchungen* (Berlin: Walter de Gruyter & Co., 1963).

Volume IV contains tablets found at Assur, Babylon, Nippur, Sippar, Uruk, and a text of unknown provenance. Like the previous volume, these are magico-medical texts listing ingredients for amulets; many are published in *KAR* in the *ṭup abnī* (a tablet of stone) series.

Volume V contains eighty-nine texts from 214 fragments found at Nineveh, particularly the library of Assurbanipal, and now in the Kuyunjik Collection of the British Museum. There are duplicates in this volume with *AMT*. These tablets make up a therapeutic manual and contain drugs against specific diseases. Also included are recipes for fumigations, salves, and prophylactics. Köcher designates the tablet series *šumma amīlu muḫḫašu ukâl* (if a man's skull is consumed) as a work treating fevers. Many exorcism and invocation texts are also in this collection.

Volume VI continues the reproductions of tablets found at Nineveh. There are eighty-six texts from 257 fragments which are also considered to be magico-medical therapeutic texts. They give symptoms and prescriptions for speech impediment, paralysis of the mouth, diphtheria, and for difficulty in breathing. Köcher notes the repetition of texts in Küchler's work, especially those concerned with internal medicine: the stomach, bowels, colic, liver, jaundice, gall bladder, upper and lower abdomen (treated separately), and accompanying fevers.[12] The collection concludes with tablets that treat chickenpox, measels, and scarlet fever. All of these are made known by the presence of a noticeable rash. Köcher promises that vols. VII-IX will deal with the pharmacopia, but they have not yet been published.

3.2.4 Beitrage zur Kenntnis der Assyrisch-babylonischen Medizin

---

[12] Friedrich Küchler, *Beiträge zur Kenntnis der assyrisch-babylonischen Medizin* (Leipzig: J. C. Hinrichs, 1904).

Küchler has compiled three texts from ten fragments in the Kuyunjik Collection, British Museum.[13] There is no repetition between this collection and Thompson's *AMT*.[14] Although the overall number of texts is much smaller than in the other collections, the detailed information makes Küchler a valuable resource. In addition to reproductions of the tablets, there is a transliteration and German translation. The texts are limited to those in the series *amīlu suālam mariṣ ana ḳiṣ libbi itār* ([if] a man is sick with a stomach cramp).[15] The context provided by the various cases necessitates the translation of *libbi* as "stomach" or simply "abdomen" rather than "heart." Küchler also provides a fairly in-depth discussion of *suālam*, which he considers to denote a specific name of a disease or the malevolent spirit causing it. The format of the cases is a brief description of the ailment followed by a recipe and/or incantation.

3.2.5 Keilschrifttexte medizinischen Inhalts (KMI)

This publication was unavailable for review at the time of writing.

3.2.6 Sultantepe Tablets (STT)

The excavations at Sultantepe, in the Harran plain, uncovered numerous tablets including those of a medical nature. Gurney published reproductions of the tablets and

---

[13] Küchler, *Beiträge zur Kenntnis*.

[14] Three of the fragments (K. 61, K. 161 and K. 201) were previously in A.H. Sayce, "An Ancient Babylonian Work on Medicine," *Zeitschrift Fur Keilschriftforschung* II, no. 1 (January 1885), and A.H. Sayce, "An Ancient Babylonian Work on Medicine II," *Zeitschrift Fur Keilschriftforschung* II, no. 3 (July 1885).

[15] Küchler acknowledges that this series belongs to a larger corpus of texts known as *utukki limnūti* (ghost trouble).

brief descriptions of their contents.[16] He also provides information on the previous publishing of some tablets and a list of those still unpublished. In the first volume, tablets 89-111 are listed in the medical section but tablets (listed as religious texts) 57-59 and 72-73 also give treatments and prayer for diseases as does the *namburbi* (apotropaic) texts in tablets 63 and 64. Volume II lists the medical texts as tablet nos. 279-299. Other sections contain tablets of medical interest including the namburbi texts, incantations against *šimmatu* (trouble), headache, *samānu* (unspecified disease), evil eye, bedwetting, childbirth, sorcery causing sickness or death, and diseases of the anus. In addition, the collection has tablets in the series *utukki limnūti* (ghost trouble) and *abnu šikinšu* (appearance of stone). There are also omen texts for *ṣibtu* (seizure) and duplicates from *TDP*.

3.3 Explanatory Model of Illness

Before examining the Mesopotamian body image in its medical context, let us first look at typical representations of the body found more commonly in Mesopotamian art and literature. This will give us a sense of how the ancient Mesopotamian would normally encounter notions of body image.

Artistic representations in Babylonia and Assyria are not as informative as in Egypt for determining the ideal healthy body image. The Ubaid period (c. 4000 BCE)

---

[16] Gurney and Finkelstein, *The Sultantepe Tablets I*; O. R. Gurney and P. Hulin, eds., *The Sultantepe Tablets II* (London: British Institute of Archaeology at Ankara, 1964).

is nearly devoid of any human representation.[17] The Early Dynastic periods (2900-2300 BCE) used geometric forms merely suggesting the human shape.[18] During the 2nd millennium, wall paintings from Assyria also reduced human figures to geometrical forms and placed them repetitiously to create a patterned effect.[19] This indicates that the overall aesthetics were more important than accurately representing people in an ideal form. An exception is the well muscled depictions of gods and kings from the reign of Sargon and throughout Akkad's prominence (2300-2230 BCE).[20] The Mesopotamian artist also portrayed muscles and tendons when depicting the death of a lion during the hunt. This attention to detail conveys a great sense of power, which seems to have been the artwork's ultimate objective rather than realism for its own sake. The common man and his occupations were usually ignored, unlike the situation in Egypt. The lack of depictions of daily life makes it difficult to determine how the culture perceived the ideal body and any abnormalities.

Likewise, literature is also reticent about the appearance of the human body. The *Epic of Gilgamesh* is typical in that the literature of Mesopotamia concerns itself more with the adventures of larger-than-life gods and kings than with stories about

---

[17] André Parrot, *Sumer: The Dawn of Art* (New York: Golden Press, 1961); André Parrot, *Arts of Assyria* (New York: Golden Press, 1961); H.W.F. Saggs, *The Greatness That Was Babylon* (New York: Hawthorn Books, 1962), 18; Henri Frankfort, *Art and Architecture of the Ancient Orient* (New Haven: Penguin, 1995).

[18] Saggs, *The Greatness That Was Babylon*, 476; Parrot, *Arts of Assyria*; Parrot, *Sumer:The Dawn of Art*; Frankfort, *Art and Architecture.*

[19] Saggs, *The Greatness That Was Babylon*, 481; Frankfort, *Art and Architecture*; Parrot, *Sumer:The Dawn of Art*; Parrot, *Arts of Assyria.*

[20] Saggs, *The Greatness That Was Babylon*, 66; Parrot, *Arts of Assyria*; Parrot, *Sumer:The Dawn of Art*; Frankfort, *Art and Architecture.*

daily activities.[21] Gilgamesh is described as "lordly in appearance," and his physical prowess is outlined in terms of strength and sexuality, but again, this is to impart a heroic character, not to portray accurately daily life or the common man. From the epic's descriptions, one can glean the ideal traits of strength and sexuality and the association of excessive hair with wildness. The opposites are also described: emaciation and a haggard appearance for depression or grief. Like the iconography, these are only vague impressions lacking clinical value for ascertaining the Mesopotamian body image. Mesopotamian medical texts do note when one's physical appearance or actions no longer suit the norm by describing particular symptoms. But they neglect to outline a specific standard for the structure and function of the body like the Book of Vessels found in the Egyptian Ebers Papyrus.

Since the physical likeness of the subject matter was not of primary importance in either art or literature, we must examine the intended function of the works to gain insight into Mesopotamian ideas concerning body image. In addition to conveying a sense of the king's awe and power, many reliefs show the king as well as priests and even deities in the role of intercessor.[22] The votive statues from Tell Asmar attest to the idea that the human body functioned as a communicative object.[23] The role of intercessor similarly appears in texts such as the Code of Hammurabi, which declares that "When lofty Anum...and Enlil...determined for Marduk...the Enlil functions over

---

[21] Although we have stories centered on the plight of commoners, they tend to lack detailed descriptions except for stock phrases such as "his insides burned craving for bread/his face was wretched, craving meat and good drink." from *The Poor Man of Nippur*; see Benjamin R. Foster, *From Distant Days: Myths, Tales, and Poetry of Ancient Mesopotamia* (Bethseda, Maryland: CDL Press, 1995), 357.

[22] Saggs, *The Greatness That Was Babylon*, 475; Frankfort, *Art and Architecture*; Parrot, *Sumer: The Dawn of Art*; Parrot, *Arts of Assyria.*

[23] The divinatory practices of inspecting animal entrails provides ample evidence that the gods communicated through the use of bodies.

all mankind...established for him in its midst an enduring kingship, named me to promote the welfare of the people...."[24] A function of these works was conveying ideas about power; gods are the most powerful and, in turn, delegate some of that power to kings and priests. Such portrayals lead to the conclusion that the functional aspect of body image[25] was inextricably linked to communicating with or on behalf of the divine. In essence, the body's form and function is understood as a type of symbolic anatomy.

In order to understand the Mesopotamian use of symbolic anatomy, let us first briefly explain the Mesopotamian idea of relationships with the supernatural and how it relates to the depiction of power.[26] The universe is an ordered system but not necessarily a safe one, since it consists of powerful entities or wills. The natural environment is personified, all elements have a will. Order is "achieved through a continual integration of the many individual cosmic wills."[27] This integration produces social orders such as the family, the community and even the state. One tries to form relationships with the gods, which allow access to their qualities. The sharing of powerful qualities is what provides safety, protection and health to humans, either individually or communally. In order to achieve this alliance and safely co-exist with nature, one must know the character and power of the different wills. Mesopotamians understood nature and its power in terms of their human society and its relationships.

---

[24] James B. Pritchard, *Ancient Near Eastern Texts Relating to the Old Testament* (Princeton, New Jersey: Princeton University Press, 1969), 164.

[25] As opposed to body image in terms of form, see ch. 1, Concepts of Health, Disease and Illness.

[26] The following paragraph is a summary of the argument put forth by Thorkild Jacobsen in Henri Frankfort and H.A. Frankfort, eds., *The Intellectual Adventure of Ancient Man* (Chicago: University of Chicago Press, 1977), 125–219.

[27] Thorkild Jacobsen, "Mesopotamia: The Cosmos as a State," in *The Intellectual Adventure of Ancient Man* (Chicago: University of Chicago Press, 1977), 127.

Differences in power create a hierarchy of relationships. Man's position in the hierarchy of the universe directly parallels the slave's position in the hierarchy of earthly, human society. Consequently, obedience becomes the primary value in the cosmic society. Reciprocally, the more powerful wills, such as gods, listen to the voice of the lesser entities, humans.[28]

Mesopotamian art and literature reinforce the idea that the universe consists of powerful entities by portraying gods, kings and other heroes in a generalized positive light — well muscled, youthful, etc. Relationships with these powerful entities lie at the heart of Mesopotamian health care. The body, like art and literature, is another medium by which power is communicated. Therefore, the details of physiological processes such as circulation or digestion are ancillary and given lesser consideration in the medical texts. The presence of physical symptoms alerts the afflicted and others in his community that his body conveys a message from a more powerful entity.

The Egyptians gave only brief hints at a symbolic anatomy in the *Book of the Dead*, preferring to emphasize the *mtw* system and the spreading of *wḫdw*, ultimately linking health and disease to *mꜣꜥt*. The Mesopotamians, though, were less concerned with how malevolent substances or spirits moved through the body and focused instead on the body's connection to the supernatural world. Through their understanding of symbolic anatomy and its use in divination, the Mesopotamians developed a rather complex sense of anatomy. Biggs is quick to point out that there is no evidence of collaboration between physicians and diviners or of human dissection, thus he divorces the Mesopotamians' knowledge of anatomy from their health care

---

[28] This idea is evident in myths such as *Atrahasis* where the gods rebel against Ellil because of their excessive labor. Eventually, Enki and Nintu create humans to take up the tasks formerly assigned to the gods; such delegation legitimizes the idea that slaves can do the work for the masters. *Atrahsis* also attests to the effectiveness of propitiating gods by describing the offerings to Adad that alleviated disease and famine.

practices.[29] Detailed anatomical descriptions of the liver, intestines, lungs, and gall bladder are limited to those of sheep because of sacrifices. Bottéro noted that deductive divination operated on the principle that the gods inscribed future events on an animal's anatomy.[30] This deductive divination functions similarly to the medical concept of symbolic anatomy as evidenced by the SA.GIG series of diagnoses[31] and other physiological omens.[32] Just as the internal organs of small cattle impart the will of the deities, so too can the workings of human intestines. Symptoms such as fever, sweating, and diarrhea. allow the messages to be read without opening up the patient and looking at his liver.

Typically, a symbolic anatomy links a body part with a particular deity. Such lists do not appear in the corpus of Akkadian texts. Rather, the link between the body and the supernatural can be found in the diagnostic and prognostic tablets. A diagnosis such as *šumma ina qaqqadišú ša imitti maḫiṣ qāt* *ᵈAdad* (if his head on the right side is struck, the hand of [the god] Adad)[33] shows how a specific deity is associated with a body part. This association is not simply naming a disease (diagnosis) after a god, but indicates the symbolic function of the body in conveying a divine message. Omens reinforce this idea: *šumma šinnēšú* [...........*bī*]*s-su issapaḫ* (if his teeth [...........] his

---

[29] Robert Biggs, "Medicine in Ancient Mesopotamia," *History of Science* 8 (1969): 101.

[30] Jean Bottéro, *Mesopotamia: Writing, Reasoning and the Gods* (Chicago: University of Chicago Press, 1992), 125–37.

[31] Labat, *TDP*.

[32] J. V. Kinnier Wilson, "The Nimrud Catalogue of Medical and Physiological Omens," *Iraq* 24 (1962): 52–62.

[33] Tablet 3, line 73; see Labat, *TDP*, 26–27.

house will disperse/fall into ruin)[34] connects the teeth with supernatural influence over one's entire fortune, not just personal health.

Medical therapies and other social practices indicate that the Mesopotamians did have an understanding of some basic anatomical structures more akin to that of western medicine. Medications were often introduced to the body via the urethra or nostrils. The pulse had been observed and castrations performed. The term *šer'ānu* can be translated as vein, muscle, or tendon,[35] indicating that knowledge of the human body is not limited to symbolic anatomy. Yet, no discussion exists as to how the *šer'ānu* functions in the body or its role in health and illness.

There is an interesting dichotomy in the medical literature of Mesopotamia. The texts can be grouped into two categories: the diagnostic and the therapeutic. The diagnostic texts make extensive use of symbolic anatomy, whereas the therapeutic texts describe a symptom, give instructions for a remedy, and occasionally offer a prognosis. One should not jump to seeing a division between magico-religious practices and rational-scientific medicine. Quite often the therapeutic texts use incantations and/or rituals in their cures, either in place of or in conjunction with a natural medication. This brings up the problem of how these two groups of texts were used, by the *āšipu* and *asû* respectively. We will leave off answering this for the moment and concentrate on the common explanatory model that lies behind the texts.

As in Egypt, it is interesting to note the role of diagnosis in Mesopotamian health care. In the diagnostic texts, where one would expect to see its function most clearly, the diagnosis does not provide a separate, distinct name for the illness. Where

---

[34] Tablet 6 rev, line 39; see Labat, *TDP*, 60–61.

[35] Wilson, "Physiological Omens," 60–62; Biggs, "Medicine in Ancient Mesopotamia," 101. Cf. *mtw* in the Egyptian texts.

western biomedicine labels illnesses as cancer or giardiasis, Mesopotamian diagnostics refer to many illnesses by the action that caused them. Labat lists the most frequent terms used for diagnostics: *qāt* (hand), *ḫaṭṭu ša* (staff of), *maḫāṣu* (to smite), *ṣabātu* (to seize), *mašādu* (to bruise), *lapātu* (to touch) and *kašādu* (to conquer).[36] These are often followed by a divine name or attributed to ghosts and other malevolent spirits, at times even to magicians.

Designating an illness by the action of another entity is in keeping with the idea that a diagnosis uses an established cultural standard for the body image as a way of interpreting symptoms. The Mesopotamian healers worked with the principle that the body functioned as a vehicle for messages from more powerful entities. The diagnosis merely informs the patient and others which powerful entity is sending the message. Not all diagnoses, though, contain a specific divine name. In the absence of such names, it becomes apparent that the focus is equally on how the entity exerts his power.

For the most part, the therapeutic texts lack a diagnosis. They move from symptom descriptions to remedies. Essentially, the symptoms provide enough information as to the nature of the illness in order to proceed with a remedy.[37] Adequate treatment does not hinge upon proclaiming a proper diagnosis. Mesopotamian instructional literature, like that of Egypt, does not concern itself with explaining the ideology behind the actions suggested in the texts.

One might be tempted to interpret the presence of a diagnosis as an indication that certain Mesopotamian healers viewed illness in a more scientific manner as

---

[36] Labat, *TDP*, xxi-xxii.

[37] Occasionally, a case may mention the hand of a ghost or that a god has seized the patient; see Thompson, *AMT*; Thompson, "Assyrian Prescriptions for the Head.", etc.

something separate from the patient. But this is not the case. The diagnosis reinforces the notion that the patient and his illness are connected to the larger world by describing how another entity has directly affected that patient. The nature of the illness to some degree has become the nature of the patient; he exists in the grip of a god.

Through a process of negotiation, healers and patients settle on which is the most important of the four categories of etiology[38] for constructing an acceptable explanatory model: natural, individual, social, or supernatural. The various description of medical cases indicates that the Mesopotamian healers seemed to prefer the supernatural. Since symbolic anatomy is paramount in the Mesopotamian conception of physiology, the physical examination is essentially a form of divination used to determine a diagnosis. The appearance of a patient, or his surroundings, act as an omen. This means that the predominant etiology falls into the supernatural or external category.[39] Supernatural etiologies can be further subdivided into gods, witchcraft/sorcery, and ghosts/demons. The natural world appears less often as a separate etiological category, most likely due to its subservience to supernatural powers.

For the Mesopotamians, illness is an instrument of the divine, prodding humans to behave in a particular manner.[40] The phrase *qāt* DN (hand of DN) is taken to mean that a god has directly touched or even smited the afflicted as a form of punishment. But the idea of illness as punishment has provoked some controversy.

---

[38] See ch. 1, Concepts of Health, Disease and Illness and ch. 5, Health Care Personnel.

[39] A. Young, "The Relevance of Traditional Medical Cultures to Modern Primary Health Care," *Social Science and Medicine* 17 (1983): 1205–11.

[40] Hector Avalos, *Illness and Health Care in the Ancient Near East: The Role of the Temple in Greece, Meospotamia and Israel* (Atlanta: Scholar's Press, 1995), 134.

Van der Toorn sees the phrase *qāt* DN as neutral, only designating the god as the one who is in charge of the disease rather than indicative of a divine punishment.[41] Punishment is just one method by which the divine can motivate people. One need not commit a sin but may merely neglect to act in a socially acceptable manner. Note that Ellil commands the *šuruppu* disease be sent simply because the noise of men kept him awake, not because they were wicked.[42] Illness in these cases, perhaps, acts more as a warning than as an actual punishment. The problem of distinguishing a punishment from a warning may be attributed to an overlap of etiological categories. A god may be serving up a punishment (supernatural), but one's transgression (individual) necessitates that punishment. If one acts unneighborly (social), a god may warn him with an illness (supernatural). It is the confluence of these categories, illness sent from the supernatural, that can make an episode of *qāt* DN appear as a punishment and a warning.

Other supernatural sources are witchcraft and sorcery.[43] Here, it is not a deity that is ultimately responsible but a human who manipulates certain powers in order to have the same effect of illness. The circumstances prompting sorcery or witchcraft are varied, from an attempt to reinforce a group's particular cultural expectations or simple retribution for a personal affront. Although magic falls under a supernatural etiology, this sub-category may also overlap with natural, social, or individual causes.

An illness may also be caused by ghosts or demons who can act independently or under the power of a god or a human magician. Such spirits rank lower than the

---

[41] K. van der Toorn, *Sin and Sanction in Israel and Mesopotamia* (Assen/Maastricht: Van Gorcum, 1985), 199.

[42] Atrahasis I, vii, 24-28.

[43] For the distinction between the power intrinsic to a special group (witchcraft) and power available to anyone (sorcery), see G. P. Murdock, *Theories of Illness* (Pittsburgh: University of Pittsburgh, 1980), 64–71.

gods but hold more power than humans in the hierarchy of the Mesopotamian universe. When a demon acts independently, it appears to be more out of capriciousness than to communicate a punishment, warning, or other message. Ghosts, though, may act out of capriciousness or from their own sense of having to correct mortal behavior, much like the magician. Both ghosts and demons can be a source of punishment from the gods. Similarly, when under the power of a magician, the spirit serves whatever function desired by that magician.

Natural world etiologies appear most obviously in the form of animal bites or accidents. But these too have their connection to the supernatural realm. Amulets are used as a form of preventative medicine to ward off scorpion stings and snake bites.[44] The appeal to the supernatural as a prophylactic indicates that the etiology for this type of illness lies ultimately with the supernatural. But natural world etiology is not limited to obvious physical trauma. For example, one letter to Esarhaddon connects bad weather from the north to an epidemic from Nergal.[45] Mesopotamian culture, particularly its religion, readily connected seasons and weather with its deities. Natural events such as meterological disturbances are part and parcel of the supernatural and logically correlate to occasions of illness.

The Mesopotamians take an holisitic approach in that illness, as they would say, grasps the whole person; it is not just localized, although a symptom may be confined to a specific area of the body. Consequently, treatments often target the whole person in the form of incantations or rituals.[46] This form of therapeutics arises

---

[44] E.g., the *lamaštu* amulets from Nippur.

[45] Pfeiffer 330 in Robert H. Pfeiffer, *State Letters of Assyria*, American Oriental Series (American Oriental Society, 1935).

[46] E.g., K. 2354, Rev., Col. III, 48-52 in Thompson, "Assyrian Prescriptions for Diseases of the Head."

from the ideas that a human has a relationship with the supernatural and that illness is a manifestation of that relationship. The use of spells and rituals, it is hoped, shift the balance of power within the relationship, in order to gain an advantage for the patient that will eventually restore health.

Besides incantations and rituals, therapeutics use physical remedies in the form of poultices, fumigations, purgatives, etc. Treatments that appear grounded in natural medication and target only a physical symptom still show a connection to the supernatural when the efficacy of the *materia medica* is achieved through incantation and/or ritual.[47] *Materia medica* derive their power solely from their relationship with the gods. A simple chemical process or interaction is not always guaranteed. The gods must allow it.

Recipes that lack an incantation appear as an exception to this rule. The Mesopotamians employed symbolism with their pharmacology. The appearance of the same ingredients for both rituals and cures provides evidence for the symbolic meaning of certain substances.[48] The *materia medica* in itself, sans incantation, acknowledges the human connection to the supernatural. This assumed relationship with the supernatural accounts for the lack of an explanation as to how an illness permeates the body or how the irrigation/mechanics of substances work in the body. Mesopotamian health is not a matter of balancing substances within the body, as seen in Egyptian and Chinese medical practices, but of maintaining or balancing relationships between the human and the divine realms.

Like symbolic anatomy, therapeutic measures connect the physical world to the divine. Treatments essentially manipulate either the body or the supernatural

---

[47] K. 2354, Rev., Col. III, 22-38 in Thompson, "Assyrian Prescriptions for Diseases of the Head."

[48] Morris Jastrow, "The Medicine of the Babylonians and Assyrians," *Proceedings of the Royal Society of Medicine* 7 (1914): 116–17.

elements. In the direct treatment of physical symptoms, the manipulation of the body sends a message back to the powerful entity causing the illness. The manipulation of supernatural elements functions in the same way. Prayers, incantations, and rituals manipulate the supernatural while also communicating with it. Some prayers such as the *šurpu* and *dingir.šà.dib.ba* texts, entreat all the possible deities. Other prayers are directed at a specific intermediary who can help ascertain or persuade the deity at the root of the illness. These techniques are used to reinforce the physical therapeutics and are often followed by rituals.

The hierarchical relationships in the universe manifest themselves in the form of communication, either as an illness or the therapeutic response to illness. Western medicine is based upon the idea of cause and effect in the context of biochemical principles. Mesopotamian medicine also has a basis in cause and effect, but the principle behind it is the relationship of humans to the divine, a relationship of power and servitude.

3.3 Disease and Illness

Rather than expressing health standards in the form of physiological processes, such as irrigation or balance, the Mesopotamians determined the presence of disease by signs indicating power relationships. The appearance of certain symptoms demonstrated that a more powerful entity had control over the afflicted. These symptoms not only appeared as an integral part of the patient's body, e.g., fever, but could also manifest within the community. Healers had to be aware of other signs, including the activity of animals near the patient. For example, *šumma amîlu ana bît*

marṣi illik-ma surdû ana imitti-šu ētetiq marṣu šū iballuṭ (if a man goes to the house of the sick and a hawk crosses to his right, the sick will live).[49]

Although a person may interpret his physical symptoms as a disease, the complexity of the relationships between the mortal world and the supernatural make it difficult for an individual accurately to determine his own status without recourse to an authority that can properly assess the situation. The Mesopotamian healers, *asû* and *āšipu*, serve this function. It is their skills in reading the symptoms/signs, both the physical symptoms of the patient and the events around him, that ultimately determine if someone suffers from an illness.

Here we see a distinction between disease and illness in Mesopotamian health care. Disease, as noted above (Ch. 1), is the presence of signs that a person suffers under the power of a greater entity. Illness, in contrast, is the defining of that same situation by the communal sphere, usually by a recognized authority. The personal sphere can understand the presence of a disease, but the communal sphere assesses if the symptoms/signs truly constitute an illness. The focus on the communal sphere in recognizing an illness is not restricted to the declaration by an authority figure. The communal sphere plays a key role in demonstrating the symptoms/signs. The healer must observe aspects of the communal sphere to make a diagnosis and/or prognosis. It is not just the patient's body but the events around him, such as the behavior of animals, that leads to an accurate reading.

Once a healer, as a representative of the communal sphere, determines that a person is ill (meaning areas of the communal sphere have been disrupted), the patient then assumes the sick role. Records show that the common Mesopotamian worker

---

[49] Labat, *TDP*, 6.

would absent himself from work obligations due to an illness.[50] It is not known whether the worker made the determination himself (the personal sphere) with tacit confirmation from a superior at work (communal sphere), or if a recognized healer made the diagnosis. Letters from Nineveh attest to healers excusing bureaucrats from their duties. The *asû*, Ikkaru, writes on behalf of a man named Iratti, *ana pani la illak šarru belī lu ūdi ki mariṣ* (he has not gone in front, the king, my lord let it be known on account of he is sick).[51]

The nature of the documents limits our awareness of when an ill person received exemption from participating in the communal sphere. An excuse from work readily finds its way into documents focusing on economic or bureaucratic matters. Records of a priest not fulfilling his cultic duties due to illness are more difficult to find. Even more rare are documents mentioning the relaxation of family obligations.

How exactly the Mesopotamian patient had the sick role removed and reintegrated with the communal sphere is not exactly clear. The medical texts do not mention any rituals required after the patient's recovery, although, one exchange between the king and Bani, perhaps an *asû*, attests to the offering of libations.[52] Bani explains that the libations thank the gods for the recovery of a man Nabu-nadin-shum. Bani may understand the libations as an act that ensures that the recovery is permanent; i.e., Nabu-nadin-shum is not truly healed until the gods are thanked. It is interesting to note that the patient himself does not make the libation.[53] If Bani is an

---

[50] NBC 555 AS. 01 and NBC 10891 AS.06.

[51] Pfeiffer 282.

[52] Pfeiffer 296.

[53] Contrast this with the stela of Nakht-Amon in 19th dyansty Egypt; see ch. 2, Egyptian Concepts of Health and Illness.

asû, the final ritual of appreciation could be part of the healer's repertoire of manipulations.

3.4 Health

The belief that the cosmos consists of power relationships finds expression in the religious ideologies of Mesopotamia. Humans are servants to the more powerful gods and can ascertain the will of a god through the reading of signs. The Mesopotamian explanatory model of illness sees a person's health as one of many conduits by which the gods communicate.

The communal definition of health and illness does not rest solely in the hands of a healer or other human authority acknowledging the sick role. Ultimately, the supernatural defines someone as healthy or ill depending on the sending of a message. Mortal healers merely recognize the status and interpret the message. In essence, the communal sphere is not limited to human society but includes the gods as well.

Chapter Four

Hebrew Bible's Conception of Health and Illness

4.1 Introduction

This chapter analyzes the ideas of health, disease and the explanatory model of illness with regard to ancient Israel. Unlike Egyptians and Mesopotamians, the ancient Israelites did not produce a substantial body of medical literature that has survived. The Hebrew Bible remains our only recourse to investigating the concepts germane to health care. As in the previous chapters, the discussion will first focus on primary sources and then body image and the explanatory model of illness. We will see how the body image portrayed in the Hebrew Bible provides an important framework for their understanding of diagnosis, and how it relates to etiology and, eventually, a type of therapeutics. In turn, the explanatory model of illness helps us develop a sense of what the sick role meant at least in the Hebrew Bible, if not for all Israelites. Finally, the chapter will discuss how the Hebrew Bible/Israelites also emphasized the communal sphere in their medical culture.

4.2 Medical Literature

The few extra-biblical inscriptions available do not shed much light on the practice of medicine in ancient Israel. One bulla reads: (Belonging) to [X] son of Zakkur, the physician."[1] From this, we can gather that healers did operate in ancient Israel, but not how exactly they functioned in Israelite society. This leaves the Hebrew Bible as our only source of information. Although there are numerous references to

---

[1] William Hallo and K. Lawson Younger, eds., *The Context of Scripture:Monumental Inscriptions from the Biblical World* (Boston: Brill, 2003), 200.

plague and tales of disease sufferers, there do not appear to be any texts that discuss the diagnosis and/or treatment of patients in the form of a medical manual, as found in Egypt and Mesopotamia. The closest parallel in the Hebrew Bible can be found in Leviticus 12-15. In these chapters, the procedures are outlined for the priest to inspect skin afflictions, discharges, infections of the house, and determine if they are טהר (clean) or טמא (unclean). Following these cases, directions are given as to the types of animals required for sacrifice once the afflicted is designated טהר.

4.3 Explanatory Model of Illness

For Israel, it is difficult to tell exactly what is the ideal body image. There is little relevant iconography to formulate ideas about specific physical features such as the typical depictions of youthfulness for the king or rolls of fat indicating wealth.[2] References to a healthy body in the Hebrew Bible are often vague and stereotypical. Some connections can be made between body types and social status. For instance, the description of King Eglon as fat juxtaposed with his receipt of tribute[3] can mean that obesity is a sign of wealth, just as in Egypt. Symptoms of illness are also couched in general terms, such as חלי (sickness/disease)[4] or שׁחין (boil).[5] The poem attributed to Hezekiah picturesquely recounts his suffering but gives us nothing tangible in clinical

---

[2] The tradition of aniconism greatly restricted the representation of human figures until the third century CE. Humanoid representations from the Iron Age, whether clay figurines or inscriptions, do not provide enough evidence to substantiate significant theories about Israelite body image. Due to the style of objects such as the Taanach stand, the Astarte and Ashdoda-type figurines and the Kuntillet ʿAjrud inscription, it is difficult to use them in assessing just how the ancient Israelites perceived the female body.

[3] Judg 3:17.

[4] 1 Kgs 17:17.

[5] Job 2:7.

terms.[6] The Song of Songs describes the ideal of beauty with metaphors that do not help in picturing a person's exact image. Still, these texts emphasize the skin and pleasant odors as part of the description of beauty.[7] Assuming, however, that beauty is a corollary of health, we can understand these passages as hallmarks of the image of a healthy body and that Israelite culture placed a particular emphasis on the appearance of one's skin and odor. An exception to the Hebrew Bible's narrative of illness is the clinical report style in the detailed description of the skin afflictions in Lev 13 and genital discharges of Lev 15.

The overall paucity of details obscures the biblical image of health and illness in terms of physiological processes such as irrigation or balance. Yet, Leviticus' concentration on skin afflictions and discharges in terms of clean/unclean provides an indication as to how the biblical authors saw the relation between body image, health and the religious community in developing an explanatory model of illness. Skin appearance and body odor typically act as strong indicators of someone's health. Discoloration, eruptions and/or foul smells usually result from a disease process. Those afflicted may not notice their own change in skin tone or odor. In these cases, the personal sphere may neglect to recognize disease or even illness. Such physical changes, though, quickly communicate that something is wrong to anyone near the afflicted and perhaps he is ill (communal sphere). It is precisely these symptoms that Leviticus codifies as signs of religious impurity. By doing this, the Hebrew Bible links outward signs of health to public expressions of religiosity, namely participating in cultic functions. According to the Hebrew Bible, physical restrictions on the

---

[6] Isaiah 38.

[7] Song 1:12-13; 3:6, 4:3, 6-7, 11, 14, 16; 5:1, 5, 10, 13; 6:2: 7:9-10, 14.

priesthood[8] can apply also to the general Israelite population[9] and to sacrificial animals.[10]

Before understanding the Hebrew Bible's descriptions of general symptoms and its occasional reference to physiological specifics, we must first look at other elements of the Bible's explanatory model, such as the structure and function of the body. As in Mesopotamia, there is no real discussion of physiological processes in the Bible. There is a concern for skin and body fluids *per se*, but not for how they function physiologically. There is some indication that a life force enters the body as a breath through the mouth and/or nose[11] and that breath is synonymous with life,[12] but nothing of what happens to the air once inside; there are no vessels analogous to the Egyptian *mtw*. This indicates that the body is conceptualized as a whole rather than as distinct parts and organs making up systems and processes. This is much like the Mesopotamian ideas of sickness; while an illness may be visible only in a particular place, such as the skin or a limb, it is the entire body that suffers.[13] This holistic view means that the body should be analyzed with respect to how it functions within a larger structure; it should not be reduced to mere organs and systems.

---

[8] Lev 21:5, 16-21; 22:4-7.

[9] Leviticus 12-15.

[10] Lev 22:21-25.

[11] Gen 2:7; 2 Kgs 4:34-35, etc.

[12] Gen 7:22; Isa 42:5, 57:16, etc.

[13] This is quite different from Western biomedicine, in which a diseased organ is often disassociated from the rest of the body; see Cecil G. Helman, *Culture, Health and Illness* (Boston: Butterworth Heinemann, 2000), 27. The idea of an illness spreading throughout the body, metastasis, is an indication of a much more serious development requiring increasingly aggressive or invasive procedures and often greater odds of death.

Reports of illness in the Hebrew Bible are frequently connected to religious behavior, either as a consequence of transgression[14] or as a prohibition on participating in the קהל (religious community).[15] These passages also link body image to the public expression of religiosity. Two examples can be drawn from the kings of Israel and Judah. Abijah, the young son of King Jeroboam of Israel, fell ill. The king sent his wife, in disguise, to the blind prophet Ahijah for a prognosis. In spite of the gifts sent with the wife, Ahijah informs the woman that her son's sickness is a direct result of Jeroboam's breaking the covenant and worshipping other gods; Abijah will die as soon as she returns home. The cutting off of Jeroboam's line is a consequence of the king turning his back on God.[16] Abijah's body is integral to the life and actions of his father, just as Jeroboam's life and actions are important to God. The idea that the body functions as part of the community is reinforced by the son suffering an illness, rather than the father himself.

Use of the body to communicate God's displeasure over someone's actions is not limited to the family area of the communal sphere. Our next case illustrates that the king as head of the community is responsible for his subjects' religious behavior, therefore his body functions as a message to the community. Although King Azariah of Judah is noted as doing "what was pleasing to the Lord,"[17] he was guilty of failing to remove the shrines to other gods throughout his kingdom, thus allowing his subjects to disobey the covenant. As punishment for this transgression, Azariah suffered from some form of צרעת. This disease did not kill him, but forced Azariah to live in

---

[14] 1 Kings 14; 2 Kgs 15:4-5, etc.

[15] Leviticus 12-13, 15; Deut 23:2, etc.

[16] 1 Kgs 14:1-14.

[17] 2 Kgs 15:3.

isolation from the community and not actively govern the kingdom.[18] The body and its health are integral to the religious community; the body is part of the קהל and functions within it.

One might think that this relationship between the body and the religious community would manifest in a symbolic anatomy, but the Hebrew Bible lacks a symbolic anatomy on a par with Mesopotamia or Egypt. There is no one-to-one correspondence between a deity and parts of the body. According to the Hebrew Bible, the Israelites are only to worship Yahweh;[19] such theology makes superfluous the identification of certain organs with various protective deities. Yahweh alone is the deity that sends disease to the Israelites, and he is the only healer for the Israelites.[20] These passages in the Hebrew Bible would have the ancient Israelite understand that it is his entire body functioning as part of the קהל that becomes symbolic of God.

Monotheism not only influences body image but also limits the range of acceptable etiologies expressed in the Hebrew Bible. Although references to Asherah and the use of high places in the Hebrew Bible indicate a non-monotheistic religious culture for Israel, they are not connected directly to the idea of healing. Baal worship is denied efficacy in healing as Ahaziah discovered after a fall, when he tried to consult Baal-zebub of Ekron.[21] To what extent the ancient Israelites used other deities, such as Asherah or Baal, in medical practices is not clear. All disease causes ultimately reduce

---

[18] 2 Kgs 15:1-7.

[19] Exod 20:3-5.

[20] Exod 15:26. For a discussion of Yahweh as healer see Norbert Lohfink, "'I Am Yahweh, Your Physician' (Exodus 15:26): God, Society and Human Health in a Postexilic Revision of the Pentateuch (Exod. 15:2b,26)," in *Theology of the Pentateuch:Themes of the Priestly Narrative and Deuteronomy* (Minneapolis: Fortress Press, 1994), 35–95 and ch. 8, Healers in the Hebrew Bible.

[21] 2 Kgs 1:1-16.

to the supernatural; not an unusual practice in the ancient Near East. But in the Hebrew Bible, they are attributed to God rather than a multiplicity of deities, demons, spirits, or sorcerers as seen in the sources from nearby Egypt and Mesopotamia. God promises protection from a range of diseases, if the law is obeyed.[22] This establishes Yahweh as a healing deity. The image of Yahweh sending diseases as a consequence of disobeying the law reinforces the idea that all illness derives solely from God.[23]

Illnesses normally considered to be of a natural world etiology such as accidents or animal bites still have a connection to the divine. When the boys of Bethel teased Elisha about his baldness, the prophet cursed them and they were mauled to death by bears.[24] Moses' fashioning of the נחשתן (bronze snake) to cure serpent bites also illustrates the natural world's subservience to the powers of God.[25]

Additionally, the stories of Elisha and Moses show how social and individual etiologies may overlap with the supernatural. The boys of Bethel act disrespectfully towards an elder, particularly a prophet. Their actions can be interpreted as either an individual or social etiology for the bear attack. The serpent bites result from the people's complaint about the hardships of their journey;[26] a social disruption not just among the Israelites but between them and God is what prompted the bites.

Although the Hebrew Bible reduces all etiologies to the supernatural, the exact message conveyed by illness is not always clear at first. The Hebrew Bible struggled

---

[22] Exod 15:25-26.

[23] Deut 28:58-61.

[24] 2 Kgs 2:23-24.

[25] Num 21:8-9. The scope of divine omnipotence appears repeatedly in the Hebrew Bible in passages such as Job 38-39.

[26] Num 21:5-7.

with the idea of illness as a divine punishment as evidenced by Job's contention with Eliphaz, Bildad, and Zophar. The three friends attribute Job's misfortunes to his (unknown) transgression, an idea akin to the Mesopotamian explanatory model of illness.[27] Job insists that he has done no wrong and wishes to make his case in God's court. The lawsuit is a critical difference between the explanatory models of Mesopotamia and Israel. In court, the facts must be judged against a previously established code or contract. Job's protestation of innocence implies that there is a known established standard. For an Israelite audience, perhaps the Mosaic covenant would be called to mind. Whereas divination was necessary for the Mesopotamians to understand the nature of the illness and its link to a transgression, the covenant freed the Israelites from divine capriciousness and the need for divinatory practices. Yet, Job illustrates that this is not always the case, and illness or other misfortunes may have a cause beyond the Israelites' understanding of an established standard. The Book of Job stands as an exception to an explanatory model based on monotheism and covenant and yet oddly also reaffirms it; God is the only entity that can send an illness and truly cure it but the reason behind the illness cannot always be explained by reference to the covenant, especially for those who are not Israelites.

Because of the covenant, the Israelites' view of illness shares similarities with the Egyptian explanatory model. Covenant and *mꜣʿt* are both structured systems and serve as predictable reference points in the explanatory model. *Mꜣʿt* governs the natural and supernatural worlds, accounting for social and individual actions, by maintaining an order and balance not only within each realm but also between them.[28] Similarly, the covenant functions as a regulatory mechanism within Israelite society as well as

---

[27] See ch. 3, Mesopotamian Conception of Health and Illness.

[28] See ch. 2, Egyptian Conception of Health and Illness.

between the Israelites and God. For both Egypt and Biblical Israel, an illness' true cause stems from this bond between the human and the divine.

We see in Egyptian medicine a recognition of various overlapping etiologies. Individual, social, and natural world causes may all be linked back to the supernatural through the concept of *mꜣʿt*, but the Egyptians had an option as to which specific etiology would be addressed in treating an illness. The Mesopotamians approached their therapeutic measures with a focus on only two etiologies, supernatural and natural. This reflects the hierarchical arrangement of the universe in which the divine realm is superior to their own. The Hebrew Bible's monotheism streamlines the etiologies down to just one — the supernatural, God.

Therapeutic measures for the Israelites, as described within the Hebrew Bible, must then address the monotheistic and covenantal basis of the Bible's explanatory model of illness, especially as a consequence of transgressions. Treatments can take two forms. In one, the illness is healed by methods akin to the therapeutics found in Egypt and Mesopotamia. This would consist of plasters, emetics, and fumigations. Little evidence, however, appears in the Hebrew Bible attesting to such measures.[29] The second form of treatment would be that God simply removes the illness/punishment, without a physical enactment of treatment measures.

Either form of treatment would depend on the conception of the body as an integral part of the religious community and illness as an indication of transgression. Jer 30:12-17 best illustrates the Hebrew Bible's therapeutic ideas:

> For here the Lord said:
> Your fracture is incurable,
> Your wound severe;
> There is no one pleading the cause of your wound,
> Medicine, healing, there is none for you.
> •　　　　•　　　　•

---

[29] That such treatment strategies would be acceptable is demonstrated in Exod 21:18-19.

> For I have struck you with the wound of an enemy,
> With cruel correction,
> Because great was your iniquity,
> Vast were your sins.
> Why cry out over your fracture,
> your incurable pain?
> I did these things to you
> • • •
> But I will bring restoration to you
> And from your wounds I will heal you

Treatment becomes an appeal to the supernatural, for God is the only one capable of healing. A therapeutic course focusing solely on the natural world etiology has no effect in this case. The illness is only a physical manifestation of the real problem; one cannot just treat the symptoms but must also address the cause, the transgression.

Although the explanatory model of illness rests upon the idea of healing stemming only from God, the Hebrew Bible also provides evidence that the more somatic oriented therapeutic measures were an option for the ancient Israelite. Images of God as healer draw upon medical practices akin to the health care traditions of Egypt and Mesopotamia. Isaiah cautions the people of Judah saying, כל־ראשׁ לחלי וכל־לבב דוי/ מכף־רגל ועד־ראשׁ אין־בו מתמ/ פצע וחבורה ומכה טריה/ לא־זרו ולא חבשׁו ולא רככה בשׁמן (every head wounded/...from the sole of your foot to the head there is nothing sound in it/ bruise and welt and fresh wound/ they are not expressed and not bound and not softened with oil.)[30] The measures referred to here appear in the Edwin Smith surgical papyrus for the treatment of wounds. Allusions like this would not work for the Israelite unless they were already familiar with these practices.

Passages using the common medical imagery should not be dismissed as just a literary technique merely to facilitate understanding among the masses. Seeking such

---

[30] Isa 1:5-6.

medical attention is not completely prohibited by the Hebrew Bible. Provisions are made for medical care in the laws immediately following the Decalogue, וכי־יריבן אנשים והכה־איש את־רעהו באבן או באגרף...רק שבתו יתן ורפא ירפא (When men quarrel and a man strikes another with a stone or a fist...he will give only [for] his idleness and his healing.)[31] This essentially is a divine directive to pay for lost wages and the doctor's bill. A similar law occurs in the Code of Hammurabi, "if a seignor has struck another seignor in a brawl and he has inflicted an injury on him...he shall also pay for the *asû* (physician)".[32] Although the Hebrew Bible uses an explanatory model somewhat different from the surrounding cultures, it appears that ancient Near Eastern societies also have some commonality in therapeutics measures. This would seem a natural outgrowth of discovering treatments that are particularly effective. What changes between the cultures is the explanation as to why the therapy would work.

Apart from the use of metaphor, treatment strategies are found throughout the Hebrew Bible that look much like practices in Egypt or Mesopotamia. On first appearances, Moses' use of the נהשתן (bronze serpent) is not appreciably different from the magical rites or amulets used in Mesopotamia and Egypt.[33] But this form of therapy reinforces the idea that illness stems from transgression and that God alone can heal. The image is fashioned by the command of God in response to His original punishment of sending the snakes to bite the Israelites; God causes as well as heals the illness. The נהשתן does not function as an appeasement to "some snake deity" but

---

[31] Ex 21:18-19.

[32] CH §206, trans. from James B. Pritchard, *Ancient Near Eastern Texts Relating to the Old Testament* (Princeton, New Jersey: Princeton University Press, 1969), 175.

[33] For similarities with ancient Near Eastern practices, see H. H. Rowley, "Zadok and Nehushtan," *JBL* 58 (1939): 113–41; B. A. Levine and J. M. Tarragon, "'Shapsu Cries Out in Heaven': Dealing with Snake-Bites at Ugarit," *RB* 95 (1988): 481–518.

rather serves as a symbol of the transgression and God's power. Any future snake bite, or any other cause למות במדבר (to die in the desert) as the Israelites complained, will be healed by God.

The contrast between Israel's therapeutics and those of the rest of the ancient Near East is highlighted by the story of Naaman's skin affliction.[34] He seeks treatment from the prophet Elisha who directs Naaman to bathe in the Jordan. Here, Naaman is disappointed because he expects Elisha to recite an incantation. Whereas the נהשתן appears similar to ancient Near Eastern practices, Elisha's form of treatment is unlike the medical culture familiar to Naaman. In Mesopotamia, an incantation serves as an integral part to the efficacy of running water as a treatment. Naaman learns, however, that the Israelite God does not need such help in making the waters of the Jordan therapeutic. It is interesting that while Isaiah and Jeremiah speak of healing in a general sense and only in reference to the whole of Israel,[35] the prophets Elijah and Elisha actually practice healing or its ultimate form, resurrection, on individuals.[36] In all of these healing episodes, the message is that the beneficiary recognizes the power of Yahweh and that no other entity is actually a god deserving worship.

Curiously, Leviticus 12:6-8; 14:4-31, 49-53 and 15:14-15, 29-30 outline a treatment, but not for a physical illness.[37] These passages detail the sacrifice necessary after one has recovered from a specific set of physical symptoms that designated a person as טמא (impure/unclean) and limits participation within the קהל (community). In

---

[34] 2 Kgs 5.

[35] Is 19:22; 30:26; Jer 17:14; 30:12-17.

[36] 1 Kgs 17:17-24; 2 Kgs 4:17-37.

[37] The significance of the different healing strategies between prophets and priests will be discussed in chapter 8, Healers in the Hebrew Bible.

this context, the therapy takes the form of a ritual that removes one's uncleanliness. In essence, it is a healing of the person's function within the communal sphere (removal of the sick role) rather than simply the restoration of the physical body. Upon completion of the sacrifice, the formerly afflicted individual can reintegrate with the community and the religion.

Although the therapeutic option used by the priest differs from the treatment measures found elsewhere in the Hebrew Bible, the explanatory model centered on illness linked to transgression and God as the only healer serves as the basis for the priest's ritual healing. The sacrifice dedicated to Yahweh reinforces the belief that God alone was responsible for the healing, not another deity and that it was not simply a natural course of events. Not every case in the levitical passages mentions the immediate cause of the affliction, *i.e.* the transgression, which may cast doubt upon the link between illness and transgression. But, the sacrifices are designated as חטאת (sin-offering)[38] or אשׁם (trespass offering)[39] indicating the affliction is a consequence of some action, even if unintentional, or part of a normal biological processes.

This ritual form of therapy acknowledges a distinction between the purely physical manifestation of a disease and the greater social implications of an illness. The disease *per se* does not concern the priest as much as the illness. The priest focuses on the physical symptoms as an indicator about whether or not the afflicted should be allowed to participate in the קהל (community).

4.4 Disease and Illness

---

[38] Lev 12:6, 8, 14:13, etc.

[39] Lev 14:13-14, 17, etc.

To understand the Israelite view of disease and illness, we must look at how the Hebrew Bible expresses a standard from which people deviate, as well as how the communal sphere shapes that standard and judges any deviations. Passages in the Bible show a keen awareness of certain physical symptoms as disease indicators, particularly skin appearance. The use of a variety of terms such as שחין (boil), עפל (swelling), גרב (scab), and חרס (itch) indicate the extent to which skin appearances preoccupied Israelite conceptions of body image.[40] An ancient Israelite may notice a difference in his outward appearance (a disease) but he does not have the authority to discern if the physical symptom constitutes an illness. Only the priests can make such a determination, or diagnosis.[41]

Although, various accounts of gastro-intestinal distress appear in the Hebrew Bible, symptoms such as diarrhea and vomiting do not undergo the same priestly scrutiny as skin afflictions and discharges. The general phrase במעיו לחלי (with sickness of his inward parts)[42] provides insufficient clinical detail. The use of קיא (to vomit) connects the action to either excessive drinking,[43] overeating,[44] or simply animalistic actions[45] without giving any indication of an etiology apart from one's social behavior. In keeping with other ancient Near Eastern cultures, the Israelites also neglected to explain their understanding of the physiological processes while having diarrhea or vomiting. But, these depictions of gastro-intestinal symptoms didactically link them to

---

[40] Deut 28:27.

[41] Lev 13:2.

[42] 2 Chron 21:18.

[43] Is 19:14; 28:8, Jer 25:27; 48:26.

[44] Prov 23:8; 25:16.

[45] Prov 26:11.

religious transgressions, reiterating the importance of a supernatural etiology to the idea of a natural and/or social etiology.

The need to present certain skin changes to the priest and the use of symptoms for edification indicates the Hebrew Bible's definition of illness. This is not just the recognition that certain symptoms show the presence of a disease but that these symptoms interfere with the individual functioning as part of the communal sphere. In order for a symptom to constitute an illness, it has to be acknowledged by a recognized authority. The Hebrew Bible depicts priests and prophets as the proper authorities with regard to specific symptoms effecting the skin, discharges, and gastro-intestinal distress. Evidence of this lies not only in the Levitical passages but also in the prophetic books that recount how someone, particularly a king, was not allowed to associate with the community while suffering from an illness. Although the main focus of the communal sphere is the area of religious participation, King Azariah's isolation and inability to govern shows that the communal sphere integrates its religious and occupational aspects.[46] Dysfunction in one area carries over to the other whether you define his case as his skin affliction made him unable to govern or his inability to regulate his subjects' religious behavior properly caused the skin affliction. Ultimately, a priest or prophet recognizes the symptoms as interefering with the communal sphere and confers the sick role upon the afflicted.

Ancient medical documents, whether Egyptian or Mesopotamian, do not specifically acknowledge a person as having the sick role. Usually, we have to discern this status from texts such as economic records mentioning a person's absence from work due to an illness. When looking at ancient Israel, we must rely on how the Hebrew Bible reports the relaxation of communal sphere obligations. Passages that

---

[46] 2 Kgs 15:1-7.

narrate a person's absence from regal duties or direct someone to be removed from the קהל (community) or מחנה (camp) due to illness serve as evidence that the sick role has been conferred. Other terms that help distinguish the presence of the sick role are טהר (clean/pure) and טמא (unclean/impure). If a person is טהר (clean), they can participate in the various areas of the communal sphere, particularly those pertaining to the cult, thus they do not have the sick role. When a person is טמא (unclean), they are prohibited from the communal sphere, especially with regard to cultic matters, and thus have the sick role.

Certain symptoms, though, do not prevent participation in the communal sphere. If a white swelling or patch spreads over the entire body, then the person is clean.[47] There's no explanation as to what causes the discoloration, but there is also no exclusion from the communal sphere. A person with such a symptom may well have a disease in that a physical change deviating from the norm has occurred. But, the person does not have an illness. When a recognized authority, such as a priest, declares a person clean, it signifies the communal sphere judging the afflicted as acceptable. He is denied the sick role and must fulfill all his obligations.

At this point it is important to note the Hebrew terms "clean" and "unclean" and how they parallel the diagnostic phrases found in Egypt and Mesopotamia. In turn, we shall see how the designations clean and unclean relate to the ideas of health and illness.

Some Egyptian medical cases contain within the diagnosis a statement referred to as a verdict.[48] The verdict uses one of three phrases, *mr yry.y* (an ailment which I

---

[47] Lev 13:12-13, 16-17.

[48] James Henry Breasted, *The Edwin Smith Surgical Papyri* (Chicago: University of Chicago Press, 1930), 6–7, 45–46.

will treat), *mr ꜥḥꜣ ḥnꜥ* (an ailment with which I will contend), or *mr n yrw ny* (an ailment not to be treated).[49] These three phrases may be thought of as separate verdicts that imply a prognosis of either favorable, uncertain, or unfavorable. Breasted differentiates between them as "1. certainly successfully treatable; 2. possibly curable; 3. untreatable" and further asserts that "these three verdicts are not prognoses; they are not so much statements regarding the *cases*, as they are each the surgeon's *declaration of his own future course of procedure*."[50] On the one hand, he is correct, the verdict does indicate the healer's future course of action. On the other hand, it also tells us something about the anticipated course of the illness; hence it is a type of prognosis.

Mesopotamian medical literature uses phrases that stand out more obviously as prognoses, *imât* (he will die) or *iballuṭ* (he will live). At times, the prognosis is more descriptive of the course of the illness, such as *úzabal-ma imât* (it will linger and he will die) or *uštapašaq-ma iballuṭ* (it will be a hardship and he will live).[51] Prognoses are not limited to the diagnostic, or omen oriented, texts. The therapeutic manuals also make similar prognoses with phrases like *tapašas-su-ma išalim* (you will annoint him and he will become healthy).[52] Unlike the diagnostic texts, or even the Edwin Smith papyrus, Mesopotamian therapeutic texts do not record the negative prognosis *imât*.

This indicates that throughout the ancient Near East, variations existed on how prognoses were expressed. For Egypt and Mesopotamia, the expression of prognosis is linked to the action of the healers as well as the explanatory model of illness. The

---

[49] Wreszinski only identifies one opinion, "a disease which I will treat/contend" in Walter Wreszinski, *Der Papyrus Ebers I Teil: Umschrift* (Leipzig: Hinrichs, 1913).

[50] Breasted, *Edwin Smith*, 46.

[51] Labat, *TDP*, 2.

[52] K. 2354 rev. III, 41. See Thompson, "Assyrian Prescriptions for Diseases of the Head," 325.

illness serves as a form of communication from the supernatural realm to the world of humans. The healers, through their actions, communicate from the human perspective back to the supernatural. A similar situation existed for ancient Israel. The prognosis is expressed by the phrases clean and unclean with a link to the explanatory model of illness and the actions of the priest. The label clean means that no illness is present, the person may participate as usual. Conversely, unclean indicates a person is ill with regard to his participation in the community. Just as the Egyptian verdicts *mr yry.y* (an ailment which I will treat) and *mr ꜥḥꜣ ḥnꜥ* (an ailment with which I will contend) reveal a course of action taken by the *swnw*,[53] unclean sets in motion a series of actions undertaken by the priest, namely inspection, isolation, and eventually, sacrifice to bring the afflicted back into the fold of the community.

4.5 Health

Western biomedicine tends to emphasize the physical body as the locus of health and illness. We look at its physical appearance and function. But we have also seen that the body is a communicative tool, either among human communities or between humans and the divine. We must expand our understanding of health to take into account that one is actually ill with regard to one's ability to communicate with or be a part of a community. This inability to participate in the community expressed as th adoption of the sick role. The Hebrew Bible's use of terms such as טהר (clean/pure) and טמא (unclean/impure) can help us see this more clearly. The concepts of clean and unclean parallel health and illness. Health and illness refer typically to a physical condition designating whether the body is functioning according to established standards. Clean and unclean apply to a person's ability to communicate with or

[53] The use of these verdicts are not limited to the *swnw* but equally apply to the *wꜥb* priest and *sꜣ*.

function within the religious community in accord with an expected standard.[54] The pronouncement of a person as unclean is a recognition of someone adopting the sick role regardless of his physical state.[55]

The conception of health expressed in the Hebrew Bible relies upon the body's function within the religious community. Because of this, the communal sphere is paramount in the decision as to whether a person is ill. The authority to label illness derives from their connection to the religious life of ancient Israel, rather than knowledge specifically geared toward biological processes. Their knowledge of the supernatural, and their connection to the God of Israel, gave priests and prophets a unique position in Israelite culture to identify and administer to the ill. As we shall see, the Biblical priest and prophet functioned in much the same manner as the Egyptian *swnw*, *wꜥb* priest,and *sꜣ* as well as the Mesopotamian *asû* and *āšipu.*

The text of Chapter Four, in part, has been submitted for publication in *The Biblical Historian: Journal of the Biblical Colloquium West.* I was the primary researcher and author in this publication.

---

[54] At least a standard established in the P texts.

[55] This could also apply to the animals designated as impure. It is not that the animal is necessarily diseased but it has no appropriate function within the society.

Chapter Five

Health-Care Personnel

5.1 Introduction

Medical anthropology studies how people in a specific cultural or social group turn to someone when they are ill.[1] There are a number of ways in which individuals may seek help when feeling ill. They may rest and/or take a home remedy; ask a friend, relative or neighbor for help; or consult a priest, healer or "wise person." Any of these avenues may be followed by the sick person and in any order; their availability depends upon the size and complexity of the society.[2] Each therapeutic option provides its own explanatory model of illness as well as methods of diagnosis and treatment. Therapeutic options can be found in any of three sectors of health care: the popular, the professional and the folk.[3] All three of these may exist simultaneously in any one society. The existence of various therapeutic options within one society is *medical pluralism*. In modern societies, one health care system, including its healers, is deemed official, elevated above the other medical systems and categorized as the professional sector of health care.[4] An ideology or theory behind a health care system, such as biology, animism, or homeopathy, can be used in any one of the three categories.[5]

---

[1] Cecil G. Helman, *Culture, Health and Illness* (Boston: Butterworth Heinemann, 2000), 1.

[2] Helman, *CHI*, 50.

[3] Helman, *CHI*, 49–70; see below § 5.5 Health Sectors.

[4] Helman, *CHI*, 50.

[5] Helman, *CHI*.

When looking at the variety of healing options in the ancient Near East, we should ask: how do the various healers fit into the categories of popular, professional and folk healing as well as why a patient would choose a particular type of healer. Healers act in a capacity beyond simply healing; they may reassert a society's values, exert a measure of social control by labeling and punishing socially deviant behavior, or facilitate the (re)integration of individuals into the community.[6] In order to answer our questions, we must first investigate the characteristics of the social group "healers" in terms of their practices, specialties, remuneration, and education. When comparing the practices of the various ancient Near Eastern healers, I will use Kleinman's five criteria of practitioner-patient interaction: institutional setting, characteristics of the interpersonal interaction, idiom of communication, clinical reality and therapeutic stages and mechanisms.[7]

5.2 Practices and Specialties

For many physicians in biomedicine, their practices derive from their specialization. Specialties are organized by dividing the body into systems (gastroenterology) in conjunction with the application of technology (radiology), biochemical knowledge (infectious diseases) and the recognition of population groups (gerontology). In biomedical systems there is tension between the generalist and the specialist. The more narrowly defined specialization allows for greater control over the substance of the work and responsibility, plus it may enable greater political or economic advantages.

---

[6] Helman, *CHI*, 5.

[7] A. Kleinman, *Patients and Healers in the Context of Culture* (Berkeley: University of California Press, 1980), 207–08.

But the distinction between generalist and specialist, and its subsequent tensions, may not have occurred in the ancient Near East. Body image in Egypt, Mesopotamia, and the Hebrew Bible made use of a symbolic anatomy, yet, the healers did not organize themselves by practices limited to particular body parts, technology, etc.[8] As we shall see, there was considerable overlap in the therapies used by the different types of healers in any one culture. The difference between healers such as the Egyptian *swnw*, *wꜥb* priest, and *sꜣ* lies in their approaches to illness. This is not to say that each had a different explanatory model of illness, but that each healer focused on a different aspect of the explanatory model. Since illness for these ancient cultures was a message from the divine to humans, healers could concentrate on either the divine perspective or the human one. A patient's choice in healer indicates which perspective was preferred in a given case.

The paradigm for studying practitioner-patient interaction usually assumes a duality: the physician and the sick person are the only two players. At times, study of the relationship is weighted to one side or the other; focus is primarily on either the healer or the patient. Kleinman attempts to avoid these biases while also widening the scope of his study to account for the role of family, friends and other members of the patient's social networks.[9] Quite often, the practitioner works with the awareness of illness and treatment as part of a patient's larger cultural context. Examining the relationship between the practitioner and patient allows for a better understanding of the healer's role in the health care system and the culture as a whole.

5.2.1 Institutional Setting

---

[8] See ch. 6, Egyptian Healers, for a discussion on specialists in Egyptian medicine.

[9] Kleinman, *Patients and Healers*, 205.

Institutional setting refers to the specific location in which practices are carried out; the setting may change depending on whether the healer is part of the popular, professional, or folk sector. The setting can influence the practitioner-patient relationship in both intentional and unintentional ways. The healer can purposefully arrange the setting to convey a sense of his knowledge and authority.[10] The location and who is allowed access to it may indicate social networks for both the healer and the patient. Information regarding the patient's social network may be used by the healer in explaining the diagnosis, prognosis and course of treatment.

5.2.2 Characteristics of Interpersonal Interaction

There are actually four components to the *characteristics of interpersonal interaction.* First is the number of participants in the interaction. At the very least, this would be two, the practitioner and the patient, but the number can increase if the healer and/or patient have attendant personnel. The time in which the interaction takes place is the second component. The character of the interaction may change depending on whether the patient and healer meet only episodically or continuously. Another key factor in determining time is the actual length of treatment. Third is the quality of the relationship in terms of formal or informal consultation and whether it is integrated or divorced from daily life. This criterion also helps to qualify if the interaction is part of the popular, professional, or folk sectors of health care. Finally, the attitudes of the patient and healer towards each other characterizes the interaction. For example, the healer may view the patient as either an opportunity to prove a god's power or as a threat to its demonstrability.

---

[10] Gary Easthope, "Marginal Healers," in *Sickness and Sectarianism* (Brookfield, Vermont: Gower Publishing, 1985), 52–67; Kleinman, *Patients and Healers*.

5.2.3 Idiom of Communication

Idiom of communication between the practitioner and patient can be divided into two categories: mode and explanatory models. Mode refers to the basic ideology behind the way the illness and treatment are expressed. The process may be described for instance in mechanistic *(i.e.* irrigation), psychological, biomedical, or spiritual terms. The explanatory model here refers to the overall conception of illness and treatment shared by the patient and healer. Complete agreement is not always necessary; at the very least, the matching of fragments can create a workable relationship. The more conflict between the explanatory models of patient and healer, the less satisfying the relationship for both.

5.2.4 Clinical Reality

The *clinical reality* of a practitioner-patient encounter is assessed in five ways. The first determination is whether there is a sacred or secular focus in the relationship. Quite often, however, the real issue is not so much the role of religion but whether the healer is following a biomedical form of health care or another, perhaps indigenous system. A second consideration is whether the relationship is disease or illness oriented. Again, this is more a distinction between western biomedicine and indigenous health care. Symbolic or instrumental (somatic) intervention is a third manner of description. Symbolic healing relies solely on language, ritual and manipulating cultural symbols without the use of physical or pharmacological treatments. Instrumental or somatic treatments focus only on the physical and pharmacological. Once more, Kleinman really distinguishes western and indigenous with these classifications. But even among practitioners and patients following the

practices of biomedicine, certain objects, such as the pill or syringe, take on the value of cultural symbols and are used ritualistically.[11] Therapeutic expectations constitute a fourth category. Here the assessment looks at whether the expectations derive from patient-practitioner interaction alone or if other outside influences play a part. This ties in closely with the attitudes of the participants (see characteristics of interpersonal interaction) and with their shared explanatory models (see idioms of communication). But again, a division is being made between indigenous practices and western biomedicine. Under the biomedical model, the (adult) patient and practitioner are isolated in an examination room or other clinical setting, whereas indigenous forms of medicine quite often have other people (non-healers) participating in the patient-practitioner relationship. A final assessment is made with regard to the locus of responsibility for care. This investigates whether treatment will be carried out and/or supervised by the patient himself, his family, the community, or the practitioner.

All five of these categories can be applied to the healers of the ancient Near East despite the western/indigenous dichotomy in Kleinman's work. Ideas typically assigned to western biomedicine, such as a secular focus and instrumental intervention, do exist in the health care practices of the ancient world. Unlike western biomedicine, the ancient world appears to have easily blended these categories. The focus then becomes how or why ancient healers did not see the dichotomy. We have to pull back from Kleinman's study to realize these are not universal, absolute categories; it is a useful method of inquiry to understand the practices of ancient healers.

5.2.5 Therapeutic Stages and Mechanisms

---

[11] Helman, *CHI*, 151–52.

The last criterium in Kleinman's analysis of practitioner-patient interaction is *therapeutic stages and mechanisms*. As a matter of therapy, Kleinman recognizes a tripartite organization in most health care systems. The problem receives a name meaningful to the culture, such as cancer. The name is then symbolically manipulated and removed from patient; the cancer (not the patient) is eradiated or targeted by chemotherapy. Finally, the patient receives a new label such as "cured." Within the tripartite organization (or some other structure) mechanisms of change can vary. Kleinman tries to understand what actually caused a change in the patient's condition. Did they undergo a psychological change (the placebo effect), a physical change, an interpersonal change or a combination thereof? Finally, he assesses the adherence, termination, and evaluations of outcomes. In this last categorization, the success of all the criteria are collated and defined. To what extent did the patient adhere to the healer's recommendations and what did he think of their efficacy? The evaluation of the outcome attempts to give a greater voice to the patient rather than analyzing data compiled by the healers themselves in medical documents. Unfortunately, the voice of the ancient patient has not been sufficiently recorded.

5.3 Remuneration

Rewards for health care practitioners can take the form of income and status. The type of remuneration can affect the healer's choice in how he practices medicine. Procedures requiring direct payment of some sort may be favored over those which do not. Modes of payment are fee-for-service, salary, capitation, or case-payment.[12] Capitation bases the payment on a fixed unit of time spent with each patient. Case-

---

[12] W. A. Glaser, *Paying the Doctor: Systems of Remuneration and Their Effects* (Baltimore: Johns Hopkins Press, 1970).

payment sets a fee for the case which includes all services; this is a common practice in obstetrics, in which one price covers prenatal care as well as delivery. Which method is chosen depends on how the medical system is organized. For example, health-maintenance organizations use capitation or salary whereas private practice physicians charge on a fee-for-service basis. When the practitioner's work is not readily visable to the community, his income becomes greater resulting in a more prominent status.[13]

The method of remuneration for ancient healers can indicate whether they received payment as part of a governmental system or privately. Unlike the modern physician, the ancient healer had a more visable practice obviating the need for a high salary. The elite status of the ancient healer derived from their connection to the religious and political authorities as well as their erudition in reading and writing.

5.4 Education

Most modern cultures view with prestige the professional health care practitioner, i.e. physician.[14] The time and cost of a medical education often favor those already part of a high status group becoming physicians. Candidates for a medical education tend to follow the same ideology embraced by the health care system that provides the training. This process only reinforces the medical system being a reflection of a particular set of cultural norms. Certain issues, though, can cause an ideological divide within a medical system, such as how and whether

---

[13] David Mechanic, "Physicians," in *Handbook of Health, Health Care and the Health Professions* (New York: The Free Press, 1983), 436.

[14] R. W. Hodge, P. M. Siegel, and P. H. Rossi, "Occupational Prestige in the United States, 1925–1963," *American Journal of Sociology* 70 (1965): 286–302; A. J. Reiss, *Occupations and Social Status* (New York: The Free Press, 1961).

practitioners are placed in a hierarchy; how personnel relate to other cultural institutions like the government or a religious establishment; and how the system sees its role in providing for the health of the community. As we shall see, the education of ancient healers is intimately connected to the religious establishment in their respective societies. Thus the healer's practices reinforce certain religious ideologies.

Determining what type of ideology governs a medical system may in fact depend on the perspective of the research. Mechanic looks at the practitioner's clinical approach to diagnostic tools and what types of complaints are within the accepted range of practice. Based upon these two criteria, he classifies doctors into four categories as a way of assessing the physician's practice style.[15] "Moderns" with a high usage of technical/diagnostic facilities approach their services with a broader cultural view, such as dealing with marital problems or anxiety. Those making low use of technical facilities and feeling little concern for their scope of practice are classified as "withdrawers." In between these extremes are the "technicians" who focus on the diagnostic technology and "counselors" whose concentration is on broader cultural concerns.

Using this approach, an ancient healer may be classified as a *technician*. Studies on the Egyptian *swnw* and the Mesopotamian *asû* place an emphasis on the technical skills of these healers.[16] Other ancient healers may be *counselors*, such as the *āšipu*, because they focus on how patients function in a religious context. It appears, however, that all the ancient healers combined the broad cultural approach with the use of fairly technical procedures, in essence making them *moderns*.

---

[15] Mechanic, "Practice Orientations Among General Medical Practitioners in England and Wales."

[16] James Henry Breasted, *The Edwin Smith Surgical Papyri* (Chicago: University of Chicago Press, 1930); JoAnn Scurlock, "Physician, Exorcist, Conjurer, Magician: A Tale of Two Healing Professions," in *Mesopotamian Magic: Textual, Historical and Interpretative Perspectives* (Groningen: Styx Publications, 1999), 69–79.

An alternate method of classification considers the issue of control in the patient-doctor relationship with some regard for economic situations, thus dividing practitioners between the merchant, the expert, and the bureaucratic official.[17] *Merchants* operate on a fee-for-service basis and allow patient control only insofar as a competitive market exists among physicians. The *expert* is given complete control by the patient on the assumption that the practitioner's specialized knowledge and skills mean that he knows and will do what is best. The *bureaucratic official* works within a larger organization as a "gatekeeper." The patient's control is limited by a previously established outline, usually by contract, of services. It is the practitioner's job to determine if the patient's needs fulfill the contract.

Ancient healers may also fit one or more of these three categories. References to their economic activity indicate that an ancient healer operated much like a merchant. A Mesopotamian ritual to ensure brisk trade draws parallels between the *asû*, *mašmašu* (diviner) and a tavern keeper.[18] The medical literature and some royal correspondence depict the healer as an expert. The use of Egyptian healers as part of a governmental (royal) work project allows for the designation of bureaucratic official. Since we do not know what qualified a worker to see the healer, this last classification may be dubious. When analyzing ancient Near Eastern healers, it is best to discover what value their cultures held as most important and then see if this was used to classify different types of healers within their own culture. We should not force a classification of ancient healers based upon modern values.

---

[17] Eliot Freidson, *Doctoring Together: A Study of Professional Social Control* (New York: Elsevier, 1975), 44–48.

[18] *ZA* 32 170:1.

5.5 Health-Care Sectors

As mentioned earlier, a variety of medical systems may exist in one society. These systems are typically divided into three sectors: popular, professional and folk. When a number of different healers exist in one society, such as *swnw*, *wꜥb* priest and *sꜣ* for ancient Egypt, the tendency is to assign the various healers to the different sectors. These divisions, though, are based upon differences in explanatory models of illness, practices, remuneration and/or education; ancient healers do not appear to have these differences.

5.5.1 Popular Health Care

Popular health care makes up the largest sector of health care in most societies. It consists of non-professionals and non-specialists who initially define and treat the sickness.[19] People who frequently deal with the public such as hairdressers and bartenders can be included in this group; their credentials derive from experience rather than specialized education, status or powers. Health-care professionals may also be a part of popular health care as long as they are consulted informally.[20]

Although health care may come from the three groups (popular, professional or folk) at any given time during the illness, there usually is a *hierarchy of resort* in which certain treatments are tried first and then others are sought once the initial treatment has failed. Under most circumstances, popular health care is the first recourse.[21] Medical anthropologists estimate that up to ninety percent of all health care

---

[19] Kleinman, *Patients and Healers*, 50.

[20] Helman, *CHI*, 52.

[21] N. J. Chrisman, "The Health Seeking Process: An Approach to the Natural History of Illness," *Culture, Medicine and Psychiatry* 1 (1977): 351–77; Kleinman, *Patients and Healers*, 49–70.

worldwide is provided by the family;[22] within the family, women are the main providers.[23]

Healing in the popular group may include self-medication or advice/treatment by a relative, friend, neighbor, or co-worker.[24] The most common examples are: chicken soup and staying dry. These types of social networks first encounter and label symptoms, thus sanctioning an individual in the sick role.[25] They also help an individual to evaluate the effectiveness of treatment, even when the therapy comes from the professional or folk sector. Treatments used in popular health care may intersect with other social groups, such as religion, in the medicinal use of prayer or talismans. The choice of treatment ultimately derives from the group's beliefs in the structure and function of the body.

Popular health care moves beyond the scope of simply healing an affliction through its concerns for maintaining health. This aspect of popular health care also draws upon the group's ideas about body structure and function and espouses a set of guidelines of proper behavior for eating, sleeping, and social interactions. These guidelines can also regulate behavior that attracts or repels certain types of spirits and/or luck.

5.5.2 Professional Health Care

---

[22] Kleinman, *Patients and Healers*, 50.

[23] Chrisman, "Health Seeking Process."; Arthur Kleinman, L. Eisenberg, and B. Good, "Culture, Illness and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research," *Annals of Internal Medicine* 88 (1978): 251–58; Helman, *CHI*, 51.

[24] Helman also includes the activities of church or self-help groups as well as any person with special experience of a disorder. I am omitting these because they easily fit into the other two groups, folk and specialist.

[25] See ch. 1, Concepts of Health, Disease and Illness for further explanation of the sick role.

Professional health care is an organized system of medicine sanctioned by the political, legal, and/or religious authorities in the community.[26] The professional sector consists of a hierarchy of practitioners. In western medicine, physicians as well as nurses, paramedics and pharmacists are ranked within the profession, usually according to education and expertise. Professionals tend to have a higher social status and income relative to the rest of the community. Their rights and obligations are clearly defined, and they can handle special, powerful, and/or forbidden substances. Professionals also have the power to pronounce patients as being of a certain status (sick, insane, malingerer, etc.) and remove certain rights or obligations from the afflicted. Within a society, the distribution of professionals is not uniform but rather concentrated in urban areas.

Accounts of a society's medical system usually reference the professional sector, since it reflects the social structure and values of the society at large, at least the groups who are exercising political, economic and/or religious authority. The system of health care regarded as professional medicine usually tries to suppress other systems by making them subservient or marginalized. Biomedicine has done this by co-opting and regulating pharmacology and by attempting to discredit alternative forms of medicine such as acupuncture or chiropractic. Traditional medical systems may become professionalized and enjoy legal, political, and/or religious endorsement. Ayurvedic medicine in India and Chinese medicine have undergone this transformation.

The professional sector can change and adopt practices in response to confronting other cultures.[27] Quite often biomedicine becomes "indigenized" when

---

[26] Kleinman, *Patients and Healers*, 53; Helman, *CHI*, 58.

[27] Kleinman, *Patients and Healers*, 55.

introduced to non-Western societies and their professional health care systems. Also, the professional system can be "popularized."[28] This is when aspects of professional care enter the popular sector in an altered or diffused form. For example, the use of aspirin, wine, and/or garlic to reduce the risk of heart attacks is a popularization of professional health care. The type of medicine seen as professional always matches the beliefs and values of the society.[29] This approval of the professional sector may vary within the cultural subsets of a particular society. Studies have shown that chiropractic medicine flourishes in the more rural mid-western United States,[30] whereas psychiatry is popular among the urban middle-class.[31] Kleinman notes that the professional sector especially regards the lack of compliance with a prescribed medical regimen as a moral offense.[32] But it is easy to imagine anyone providing health care taking similar offense to his advice being ignored.

5.5.3 Folk Health Care

Folk health care consists of non-professional specialists whose practice of medicine more closely approximates popular health care.[33] In essence, medical anthropologists use this category as a catch-all for practitioners who do not easily fit into the previous categories of popular and professional. Sometimes this category is

---

[28] Kleinman, *Patients and Healers*, 56.

[29] Kleinman, *Patients and Healers*, 55.

[30] T. McCorkle, "Chiropractic: A Deviant Theory of Disease," *Human Organization* 20 (1961): 20–22.

[31] P. Roazen, *Freud and His Followers* (New York: Knopf, 1971).

[32] Kleinman, *Patients and Healers*, 57.

[33] Kleinman, *Patients and Healers*, 59; Helman, *CHI*, 53.

further subdivided into sacred and secular, but such a distinction is difficult to see in practice.

Folk healing can be manifest in several forms from shamanism and herbalism to traditional surgical and manipulative treatments as well as exercise regimens. Types of folk healers also vary widely from bone-setters and midwives to shamans and clairvoyants. The former group are assumed to be secular, whereas the latter are grouped according to the religious overtones in their practices. But any folk healer can link his practices to a religious or spiritual ideology; a bone-setter is not purely secular by definition. Studies solely focused on forms of sacred healing have helped to skew the perception of sacred and secular healing in the folk sector of health care.

Studies of health-care systems start with the assumption that western biomedicine is the model for professionalization; therefore, any system functioning outside of this must be popular or folk and heavily dependent upon (religion and) spiritual beliefs. This attitude has predisposed scholarship to define certain traits as folk healing. When the etiology of an illness is social or supernatural, the healers consulted are categorized as folk healers. They are thought to use an holistic approach when examining patients, paying particular attention to relationships with others as well as the natural and supernatural environments. Consequently, treatments may be public in order to reveal and solve conflicts within the community. The understanding is that folk healers do not use specific diagnoses, but rather give assurances that the spirits know everything concerning the patient's illness. This is in contrast to the professional, biomedical model in which physicians focus on the biology of the illness.[34] The use of these criteria in distinguishing folk healing from other forms obscures the fact that many of these traits also appear in the professional health sector.

---

[34] Helman, *CHI*, 55; Kaja Finkler, *Spiritualist Healers in Mexico: Successes and Failures of Alternative Therapeutics* (New York: Bergin and Garvey, 1985).

Folk healers can be classified separately from popular healers, because their practice relies on the use of specialized skills, whether it is divination, bone-setting, or midwifery. Their training can take the forms of apprenticeship, acquired experiences, or recognition of an innate skill/power. This indicates a degree of organization in the folk sector. Some societies organize folk healers into associations with rules of entry and codes of conduct.[35] In this regard they are different from professionals only in that the folk healer is not sanctioned by political, economic, or religious authorities of the community.

Professionalization of folk healers is debatable. Current studies contend it is only a recent response to western biomedicine and initiatives from the World Health Organization (WHO).[36] Arguments against the professionalization of folk healers prior to initiatives from the WHO center on several issues. As a rule, the healers are a diffuse group. Their knowledge and practice is strongly grounded in local culture, and their legitimacy is not derived from a government bureaucracy.[37] The wide geographical disbursement of folk healers should not be a factor excluding them from professionalization. As long as there is an effective network of communication between the healers, organization is possible. It is true that folk healers share the same basic cultural values as their respective communities, including beliefs about body image, definitions of illness, and proper therapeutics. But this also holds true for the professional sector rooted in biomedical theory. The real difference between

---

[35] Helman, *CHI*, 55–56; H. Ngubane, "Aspects of Clinical Practice and Traditional Organization of Indigenous Healers in South Africa," *Social Science and Medicine* 15B (1980): 361–65.

[36] World Health Organization, "The Promotion and Development of Traditional Medicine," *WHO Technical Report Series* (1978): 622 (Geneva); Helman, *CHI*, 56–57.

[37] M. Last, "Professionalization of Indigenous Healers," in *Medical Anthropology: Contemporary Theory and Method* (New York: Praeger, 1990), 349–66.

professionalization and organized associations seems to be the locus from which legitimacy is derived. On this point, the folk sector cannot be professionalized.

Studies show that in countries with both professional and folk healers, people move fairly easily between them,[38] but the majority of clients of folk healing tend to be women.[39] The professional sector seems to be responding to this phenomenon by viewing the folk healing system as alternative or complementary medicine rather than competitively.[40] Although folk medicine is a difficult category to pin down *vis à vis* the professional sector, it is a useful classification for recognizing the plurality of health care systems within a given culture. It describes a system of health care that uses specialized skills and degrees of organization, like the professional sector, but derives its legitimacy from a different source and addresses the problems of illness with an alternate set of cultural beliefs.

Using the three sectors of health care in conjunction with Kleinman's criteria for patient-practitioner interaction helps demonstrate how the ancient Near Eastern healer functioned within his particular culture. We can see how each of the various healers related to religious and political authorities and how the healer used religious ideologies. Additionally, these theories can illuminate the reason behind a patient's preference for a certain type of healer based upon reasonable expectations of the healer's performance.

---

[38] Finkler, *Spiritualist Healers in Mexico*; Kleinman, *Patients and Healers*, 60.

[39] Kleinman, *Patients and Healers*, 206.

[40] Helman, *CHI*, 55, 58.

Chapter Six

Egyptian Healers

6.1 Introduction

When we think of ancient Egyptian health care, we tend to think of the protection of humans, whether magical or not. But a closer analysis indicates that protection really means a system of maintaining or re-establishing the balance, *mꜣʿt*, among elements of the mundane world as well as between the human and divine worlds.[1] Just as the political and economic functions of the state intertwined with the temples and priesthood, ancient Egyptian medicine combined the secular and sacred. This is most evident in the titles of healers found in Egyptian sources. The medical papyri attest to three main types of healers: *swnw*, *wʿb* priest and *sꜣ*. The religious connection of the *wʿb* priest and *sꜣ* is readily apparent but, as we shall see, the *swnw* also has ties to the sacred.

Although it is easy to see a distinction between the three titles *per se*, it is more difficult to discern health practices that are unique to each. Moreover, there is considerable overlap in the use of the three titles. Papyri, such as Ebers and Edwin Smith, give a general introductory address to all three for their prescriptions.[2] Likewise, an individual may hold more than one of the three titles.[3] One may claim a plethora of titles as a means of indicating a high status. Yet in practice he might never

---

[1] See ch. 1, Concepts of Health, Disease and Illness.

[2] Edwin Smith states in Case 1, Gloss, *yr nw sḫmt wʿb.w swnw nb drt.f* (now if priests of Sekhmet or a physician places his two hands...) whereas Ebers 854a includes sꜣ (priest/exorcist) in the same phrase.

[3] An anonymous man recorded on a stele from Serabit el-Khadim holds both titles *swnw* and *sꜣ*. Hery-shef-nakht on a graffitto from the Hatnub quarry is given the titles *swnw* and *wʿb* priest of Sekhmet. Both date from the 12th Dynasty (1963-1786 BCE).

have fulfilled the duties implied by a specific title; much like the honorary doctorate. Further complicating the matter, the use of some titles appears to have changed over time.[4] The conservative nature of papyri transmission makes their content fairly static, but how the practitioners used them may have altered considerably; this is a problem that cannot be solved solely through analysis of the medical papyri. To determine the clinical characteristics of the *swnw*, *wꜥb* and *sꜣ* as well as understanding how these practitioners fit into the overall structure of Egyptian society, we must look beyond the medical texts to other genres in the corpus of Egyptian literature as well as inscriptions and other artifacts. As we shall see, the three types of healers indicate two different healing strategies available to the ancient Egyptians. These strategies draw upon the same explanatory model of illness: illness as divine message, and reinforce the religious value of *mꜣꜥt*.

To help us understand the functions of the *swnw*, *wꜥb* priest, and *sꜣ*, I will assess the data through seven categories: sources, translation, practices, specialists, remuneration, education, and finally, the sector of health care.[5] The first two categories provide a background for the study; where do the data come from and how have they been conceptualized to date? The categories *practices* and *specialists* analyze how a particular type of healer interacted with his patient as well as highlighting the similarities and differences between the various healers. *Remuneration* and *education* focus more on the healer's relationship to the broader culture of ancient Egypt. The category *health care sector* assesses how these healers were organized and functioned within the society.

---

[4] Klaus Baer, *Rank and Title in the Old Kingdom: The Structure of the Egyptian Administration in the Fifth and Sixth Dynasties* (Chicago: University of Chicago Press, 1960).

[5] For a more detailed discussion of how the application of each of these categories can help assess a society's medical culture, please see ch. 5, Health Care Personnel.

6.2 Sources

The title *swnw* is attested in a variety of artifacts and archaeological contexts. It appears most frequently in tomb inscriptions or in a temple. The second most common occurrence is in written documents, apart from just the medical papyri themselves. Personal stelae also contain numerous references to *swnw.w*.[6] Other sources, in descending order of frequency, include family tombs, shared stelae, statuary, graffitti, sarcophagi, *ushabti* figurines, and canopic jars.[7] From these sources we can identify approximately 150 different *swnw.w* from the 4th (2600-2500 BCE) through the 27th dynasties (525-404 BCE).[8] In some cases, their names are not preserved or even mentioned, but only the titles appear.

Sixty-two of the *swnw* references date to the Old Kingdom(2700-2160 BCE);[9] almost half of them have a royal connection. There is a circular nature to this evidence. The exact titles of the *swnw* often indicate he is working in some official capacity for the royal household. The *swnw*'s connection to the royal family automatically places him in a privileged position, which further supports him being mentioned in royal tombs. These are not cases of *swnw.w* being honored while working independently of the royal household. Quite often, the *swnw* mentioned in a tomb is a relative of the tomb owner. The relations of known *swnw.w* indicate they come from families of high status attached to the palace, a temple, or the administration of a nome. Employers of a

---

[6] *Swnw*, singular; *swnw.w*, plural.

[7] Exact tabulations of sources can be found in Paul Ghaliounghui, *The Physicians of Pharaonic Egypt* (Cairo: Al-Ahram Center for Scientific Translations, 1983), 16–37.

[8] Exact tabulations of names, dynasties, and references can be found in John Nunn, *Ancient Egyptian Medicine* (Norman: University of Oklahoma Press, 1996), 211–14; F. Jonckheere, *Les médecins de l'égypte pharaonique* (Brussels: Fondation Égyptologique Reine Élizabeth, 1958); Ghaliounghui, *Physicians of Pharaonic Egypt.*

[9] This figure also includes references dating to the First Intermediate Period (2160-2106 BCE).

swnw, who is not also a relative, show similar attachments. The *swnw* himself may also hold these types of appointments. The proliferation of tombs among the common people after the Old Kingdom directly relates to the drop in number of known healers with royal connections in the subsequent periods. But the overall number of *swnw.w* does not significantly decline, fifty-one references can be found for the New Kingdom (1550-1069 BCE).[10] During the Old Kingdom(2700-2160 BCE), most *swnw.w* were buried around Memphis. For the Middle Kingdom (2106-1786 BCE), burials were at Beni Hasan and Abydos. Thebes was the site of *swnw* burials during the New Kingdom. The Late Period (1069-332 BCE) had burials scattered throughout most of Lower Egypt. This distribution pattern indicates that a *swnw* was typically buried near the Residence or other locus of power, most likely following his patron.

Sources also attest to the title *swnw* being used in conjunction with the divine. Amun is referred to as a *swnw* who "removes troubles and suffering...makes the eyes healthy."[11] Min is called the "good *swnw*."[12] Horus is known as the *wr swnw* of an unnamed deity[13] as well as for the house of Re.[14] There does not appear to be any use of *swnw* with the name of any goddesses.[15] It looks as if the system governing the mortal *swnw* was simply reiterated among the gods.

Like the *swnw*, the *wꜥb* priest of Sekhmet, mentioned in funerary contexts, is frequently connected to either the royal family or the nomarchs, quite often as a

---

[10] Data includes references from the Second Intermediate Period.

[11] Amonshymn Leiden Papyrus.

[12] Urk. II 65.

[13] Totb. Spruch 17.

[14] Papyrus Turin P. u. R.

[15] Herman Grapow, *Kranker, Krankheiten und Artz*, Grundriss der Medizin der alten Ägypter (Berlin: Akedemie-Verlag, 1956), 138.

relative. Thirteen sources dating from the Old Kingdom show the *wʿb* priest exclusively under the patronage of the king.[16] We have six sources from the Middle Kingdom, all showing the *wʿb* priest attached to a nomarch.[17] By the New Kingdom, the *wʿb* priest of Sekhmet is attested as part of a temple.[18] From the Theban necropolis, the 19th dynasty (1295-1186 BCE) tomb of Amenwahsu lists his titles as a *wʿb* priest of Sekhmet as well as the *sš pr-ʿnḫ* (Scribe of the House of Life) for the Temple of Amun.[19] Similarly, Sobekhotep is referred to as a *wʿb* priest of Sekhmet for the mortuary cult of Amenhotep III.[20] Another indication that a *wʿb* priest may act independently of the king, nomarch or even a temple is the use of the title *wʿb* in the Ebers[21] and Edwin Smith[22] papyri. As the provenance of the Chester Beatty papyrus has shown, Egyptian medical texts were not exclusive to the *swnw* or a temple.[23] The term appears more frequently after the 18th dynasty (1550-1295 BCE) but then diminishes in use by the Ptolemaic period (323-27 BCE).[24] Ghalioungui notes that the number of priests recorded as engaging in healing is greater for the Old Kingdom than in subsequent periods.[25] Apart from these sources, the references to *wʿb* are too

---

[16] Frédérique von Känel, *Les prêtres-ouâb de Sekhmet et les conjurateurs de Serket* (Paris: Presses Universitaires de France, 1984), 1–16.

[17] von Känel, *Les prêtres-ouâb de Sekhmet*, 17–27.

[18] For a complete list of New Kingdom sources see von Känel, *Les prêtres-ouâb de Sekhmet*, 29–69.

[19] von Känel, *Les prêtres-ouâb de Sekhmet*, 45–47.

[20] BM 5627; see von Känel, *Les prêtres-ouâb de Sekhmet*, 66–69.

[21] Eb. 854a and 855.

[22] Smith C. 1, I 6.

[23] See ch. 2, Egyptian Conception of Health and Illness, §2.2.7.

[24] von Känel, *Les prêtres-ouâb de Sekhmet*, 247.

[25] Ghalioungui, *Physicians of Pharaonic Egypt*, 48.

numerous and diffuse to be listed here with any usefulness.[26]

Only about fourteen documents attest to the title *s3* of Serqet.[27] The title *s3w* first appears in the 5th dynasty (2500-2350 BCE) in the mastaba for Khepseskaf-Ankh at Giza. In addition to being a *wʿb* priest for the king, he is also noted as a *s3w* of Serqet for the Residence.[28] Only one other mention of a *s3* appears in the Old Kingdom, also connected to the royal family. Four inscriptions using the title come from the Middle Kingdom. Three of these come from expeditions to the Sinai during the reign of Amenemhat III (1843-1798 BCE). It is in these inscriptions that we first see the association of the *s3* and the *swnw*.[29] Three references date to the New Kingdom, one of which is in the Ebers papyrus. The title appears a few times in tombs but only in connection with the dragging of the *tknw* statue during the funeral procession. The remaining four references date to the Late and Ptolemaic periods. Von Känel notes that a Twenty-sixth dynasty statue lists both the title *s3* and *swnw*.[30]

Several other titles have been found in conjunction with *swnw*, such as *hk3w* (magician) found in the Middle Kingdom graffiti at Hatnub,[31] the *ḫrp Srḳt* (priest of Serket), and the priests of Heka.[32] Since these titles do not appear in the medical papyri, however, we will not concern ourselves with their connection to medical

---

[26] The title *wʿb* (pure) can denote even the lowest order of priest, see S. Sauneron, *The Priests of Ancient Egypt* (Ithaca: Cornell University Press, 2000), 36.

[27] von Känel, *Les prêtres-ouâb de Sekhmet*, 225–31.

[28] von Känel, *Les prêtres-ouâb de Sekhmet*, 225.

[29] von Känel, *Les prêtres-ouâb de Sekhmet*, 225; Ghalioungui, *Physicians of Pharaonic Egypt*, 24, 46.

[30] Vatican 166, see von Känel, *Les prêtres-ouâb de Sekhmet*, 193.

[31] Nunn, *Ancient Egyptian Medicine*, 128; Ghalioungui, *Physicians of Pharaonic Egypt*, 25.

[32] Nunn, *Ancient Egyptian Medicine*, 99.

practices. But, we should bear in mind that their presence speaks against a uniform and strict categorization of the various practitioners.

6.3 Translation

There are various forms for writing *swnw*. The most common hieroglyphic form simply uses an arrow. An example can be found on a wood panel of Hesy-Re.[33] Some conjecture that this sign originated as an ideogram implying that the *swnw* was skilled in removing arrows from soldiers.[34] The fullest hieroglyphic form is an arrow (T.11) with a pot or bowl (W.24) and a seated man as the male determinative. Similar assumptions have been made about this form, trying to match the arrow to a doctor's lancet and the pot to a medicine jar.[35] Nunn is quick to point out that this is not an accurate interpretation, because the hieroglyph clearly represents an arrow, not any other tool.[36] The arrow is frequently used in non-medical contexts to represent the triliteral "swn" and the pot is the biliteral "nw," thus forming the word *swnw* without imparting any other meaning to the hieroglyphs.[37] An alternate form of transliteration is *sỉnw* based upon the Coptic term SAEIN meaning "doctor."[38]

---

[33] Found in his personal mastaba at Saqqara dated to the 3rd Dynasty (Cairo Museum jDE 28504) on which Hesy-Re is given the title of "Chief of dentists and doctors."

[34] B. Mays, A. Parfitt, and M. J. Hershman, "Treatment of Arrow Wounds by Nineteenth Century USA Army Surgeons," *Journal of the Royal Society of Medicine* 87 (1994): 102–03; Nunn, *Ancient Egyptian Medicine*, 115.

[35] For a discussion of F. von Oefele's theories, see F. Jonckheere, "Le cadre professionnel des médecins égyptiens," *Chronique d'Égypte* 52 (1951): 237–68; cf. Grapow, *Grundriss III*, 87.

[36] Nunn, *Ancient Egyptian Medicine*, 115.

[37] Alan H. Gardiner, *Egyptian Grammar* (London: Oxford University Press, 1957), 512, 530.

[38] Although Grapow acknowledges *sinw* as the more accurate transliteration, he continues to use *swnw* for continuity; see Grapow, *Grundriss III*, 86.

How *swnw* is translated often says more about the modern scholar's perspective of health care than Egyptian practice. *Swnw* is typically translated as "physician" or "doctor," which leads to the implication that the *swnw* is actually synonymous with the modern physician in terms of his education, social status, etc.

The correspondence between the *swnw* and the modern medical doctor is intimately linked to their conventional or professional roles. This is based on the assumption (fallacy?) that since the modern physician practices within the professional medical sector, the royal and erudite associations of the *swnw* must also mean that he practices within a professional sector of Egyptian medicine.[39] But the practices and perhaps even the social role of the *swnw* may have changed over the course of Egyptian history. Greco-Roman texts render *swnw* with ταριχευτης or ενταφιαστης (embalmer).[40] Yet the Smith Papyrus indicates that the *swnw* and the *wt* (bandager/embalmer)[41] were two distinct practitioners during the New Kingdom.

The use of "doctor" as a one-to-one translation for *swnw* is not always valid. The Berlin papyrus uses *swnw* with the meaning of "illness."[42] It has been conjectured that the noun *swnw* derived from the verb *swn* (to suffer).[43] Yet, a similar word, *swn* (ending with sign Y.1 rather than G.36), means "to barter."[44] This term, in conjunction with the Coptic SOWNT (purchase), gives *swnw* the possible meaning "tax valuer"

---

[39] Nunn, *Ancient Egyptian Medicine*, 115.

[40] For further discussion see Ghaliounghui, *Physicians of Pharaonic Egypt*, 7.

[41] Smith C. 9 and C. 19.

[42] Berlin 161.

[43] Jonckheere, "Le cadre professionnel des médecins égyptiens," 241.

[44] Gardiner, *Egyptian Grammar*, 589.

and leaves open the question of what exactly are the *wꜥb swnw* doing in some cattle scenes.[45]

In light of these ambiguous cattle scenes and similar terminology for "suffering" and "bartering," it is best to leave *swnw* untranslated. This tactic also avoids imparting connotations of modern biomedical practices to the health care of ancient Egypt. The continued use of "doctor" or "physician" leads to scholarship that looks for modern parallels: e.g, the *pr ꜥnḫ* was a medical school; a *swnw* always received private remuneration for his services. By working only with the transliteration, I hope to derive the meaning of practices and the cultural function of the *swnw* solely from the available evidence.

The term *wꜥb* is commonly translated as "pure" or "clean"; when applied to a priest it can also take on the connotation of "ordinary."[46] This latter description is a result of the *wꜥb* priest's function in the temple. Essentially, anyone who underwent bodily purification and worked in the temple enclosure qualified as a *wꜥb* priest, making the title available to even the lowest member of the clergy.[47]

But in a medical context, the translation of *wꜥb* is not so facile. The assertions that *wꜥb* means "pure," therefore a *wꜥb* priest of Sekhmet serves as a public health doctor, seem unfounded.[48] Von Känel argues that *wꜥb* and *swnw* are synonyms meaning "physician," with *swnw* being the more general form.[49] At times, the

---

[45] Ghalioungui argues that the *wꜥb swnw* in these scenes could not be tax assessors because of their religious nature; see Ghalioungui, *Physicians of Pharaonic Egypt*, 2.

[46] Gardiner, *Egyptian Grammar*, 560.

[47] Sauneron, *Priests of Ancient Egypt*, 54, 70–71.

[48] Nunn, *Ancient Egyptian Medicine*, 120.

[49] von Känel, *Les prêtres-ouâb de Sekhmet*, 251–52.

translation "surgeon" is used based on the logic that since *wꜥb* precedes *swnw* in the Smith papyrus, which is considered a surgical papyrus, then *wꜥb* must mean "surgeon."[50] Quite often, the assumption is made that any reference to a *wꜥb* priest in a medical context must automatically mean a priest of Sekhmet. This convention derives from the fact that when a deity's name is mentioned in conjunction with *wꜥb* in a medical context it is always Sekhmet. But it should be remembered that *wꜥb* priests can be connected to other deities; whether or not they participated in healing activities has yet to be demonstrated. To avoid imparting notions concerning modern physicians and surgeons to the *wꜥb* priest, I shall leave the term untranslated.

The title *sꜣ* is closely related to the word *sꜣ* meaning "amulet" or "protection." Most often *sꜣ* is associated with the protection of the goddess Serket. When used as a title, it is often translated simply as "magician/exorcist." Further complicating the matter is the use of *sꜣ* to designate a troop in the military sense. This plays a significant role in the debate as to whether medical personnel were assigned to the military, since the titles *sꜣ* and *swnw* can appear in conjunction. Like the titles of *swnw* and *wꜥb* priest, it is best to leave *sꜣ* untranslated.

6.4 Practices

Evidence speaking to the practices of the three types of Egyptian healers can be found in the medical papyri, inscriptions, and literature. Since many of the medical papyri address themselves equally to the *swnw*, *wꜥb* priest, and *sꜣ*, the following analysis will generally use the terms "healer" or "practitioner." If there is a perceivable difference in the practices of the healers, then the specific type will be addressed by one of the appropriate terms.

---

[50] Breasted, *Edwin Smith*; Ebbell, *Ebers*.

Cases in the medical papyri can be broken down into five parts: title, examination, diagnosis, opinion/verdict, and treatment.[51] If we compare these to Kleinman's criteria for the practitioner-patient relationship, then a clearer picture should emerge as to the practices of the Egyptian *swnw*. When a medical papyrus is silent or gives little information concerning a particular criterion, other sources will be consulted.

6.4.1 Institutional Setting

The institutional setting is not clear from the medical papyri alone. The description of the cases in the title and examination sections indicate that some cases were severe enough that the patient could not move himself. But, this does not mean the healer always went to the patient; the patient may have just as easily been brought to the healer by a third party not mentioned in the papyri. The titles of *swnw* give some clue as to where they may have practiced. Epithets such as the *swnw pr-ꜥꜣ* (*swnw* of the Great House) and *swnw pr Ptḥ* (*swnw* of the House of Ptah) show that the *swnw* were attached to certain locations not solely vested in health care like a sanatorium or hospital. Whether a special place within the Residence or Temple was set aside for the *swnw* is still not known. Debate surrounds the function of the *ḥw.t ꜥnḫ* (Mansion of Life) as a clinical setting.[52] Similarly, the title *wr swnw m st mꜣꜥt* (Chief *swnw* of the Place of Truth), the *swnw* Nefer-her listed in a ship's log, and the graffiti from Hatnub quarry show that *swnw* could also be found as part of a labor force, but again, we have no information about a designated area for the *swnw* to practice. The Egyptian *swnw* making a "house call" is not unusual; several literary sources make reference to the

---

[51] Breasted, *Edwin Smith*, 36; Nunn, *Ancient Egyptian Medicine*, 113–14.

[52] See below, § 6.7 Education.

summoning of a healer. Also, letters attest to the traveling of *swnw* to foreign courts in order to provide medical services. From these sources, it appears that the *swnw* worked more or less on a patronage system and practiced in a location for which they were hired.

Yet, some titles stand out as an exception to the standard patronage mode of operation. If the *ḥw.t ʿnḫ* (Mansion of Life) is a place of healing as the prayer to Khnum indicates, then the title *wr swnw n ḥw.t ʿnḫ* is evidence that specific areas may have been established for the purpose of healing, at least from the New Kingdom onwards. Additionally, the practice of temple *swnw* is unclear in this period. There is evidence that the ill went to temples seeking medical assistance, making them, in part, *sanitoria*. According to wall graffiti, the funerary cult of Amenhotep, son of Hapu the architect of Amenhotep III, located in the temple at Deir el-Bahri, became a center for the ill to gather and seek cures.[53] But such activity for the funerary cult, especially hydro-therapy, is often looked upon as a later, Ptolemaic practice. The stela of Qenherkhepeshef mentions sleeping in a temple for prophetic dreams, but the use of such dreams as a therapeutic practice is typical of the Coptic period (3rd century CE), not the 19th dynasty (1295-1186 BCE). We do not know to what extent the living temple personnel assisted in the healing process. Debate surrounds the *pr ʿnḫ* as to whether it functioned as a medical school and hospital or if it was simply a scriptorium housing medical texts.[54]

The controversy surrounding the medical practices of the *pr ʿnḫ* makes the institutional setting of the *wʿb* priest and *sꜣ* difficult to determine. Numerous

---

[53] Sauneron, *Priests of Ancient Egypt*, 159.

[54] See below §6.7 Education for further discussion of the *pr ʿnḫ*. For the opinion that healing took place at the *pr ʿnḫ*, see Sauneron, *Priests of Ancient Egypt*, 157.

documents attest to the *wꜥb* priest's attachment to the *pr ꜥnḫ*.[55] But other textual sources indicate that a *wꜥb* priest can just as easily be attached to the harem or a work site. Sauneron also notes that the title *wꜥb* can designate even the lowest rank and that priests could maintain households separate from the temple. The ubiquity of the title and the rotational basis of serving the temple created a situation in which the *wꜥb* priest could easily have made "house calls" like the *swnw*.

6.4.2 Characteristics of Interpersonal Interaction

The number of participants in the interpersonal interaction appears to be limited to just two, the patient and any one of the three types of healers, *swnw*, *wꜥb* priest, or *sꜣ*. A third party is not mentioned in the medical texts as either attending the patient or the healer. According to the directions given in the treatment section of the papyri, the healer to whom the particular papyrus is addressed carries out the bandaging, preparing, and applying of medicaments. The healers may have practiced, though, with other people in the room/area. Titles that indicate a *swnw* worked as part of a mining expedition or necropolis work force could imply that the patient's co-workers and/or family were present. Similarly, a king summoning a *swnw* could mean that the interaction took place in the presence of other court members. But all of these sources are silent as to what extent, if any, these people participated in the interaction between the practitioner and his patient. Observers of practitioner-patient interaction have noted that in a variety of cultures, bystanders do play a part, if informally, in the relationship even if they are not formerly recorded as doing so by the health care system of that particular culture.[56]

---

[55] von Känel, *Les prêtres-ouâb de Sekhmet*, 246.

[56] Kleinman, *Patients and Healers*.

The examination and treatment sections of the medical texts show that the healer worked episodically with the patient. "If you examine a man with resistance in his left side...you shall prepare for him remedies...eaten by the man for four days. If you examine the man after this has been done and you find that...then you shall prepare for him...."[57] Each case centers on the alleviation of a specific problem; the healer periodically re-examines and treats the patient until a satisfactory result is achieved. There is no indication of continual care from the practitioner as a preventative or health maintenance measure. The retaining of *swnw* at court or a work site does not necessitate a daily health maintenance ritual but rather the "on call" status of a *swn*w if a problem does arise. The time component of the cases typically last a few days to a little over a week with no indication of long term care.

Based upon the codification of cases in the medical papyri, it appears that the relationship between the patient and the healer is formal. The general assumption is that an informal consultation would not produce a written record. Professional status is further indicated by the *swnw* and other types of healers receiving payment from government funds, "[F]or the physicians draw their support from public funds and administer their treatments in accordance with a written law which was composed in ancient times by many famous physicians."[58] In addition to the regulation of therapeutics, the payment from essentially a government budget shows that the *swnw* practiced as part of the professional sector.[59]

The attitude of the healers reinforces the idea of *mꜣ*ʿ*t* within the community. When confronted with an illness, the healer can take it as an opportunity to

---

[57] Eb. 204.

[58] Diodorus Siculus, I.82.

[59] See ch. 5, Health Care Personnel, § 5.8 and below §6.8.

demonstrate not only his own prowess but ultimately the power of *mꜣꜥt*. The verdict portion of the cases in the medical papyri hints at how the healer adhered to the effectiveness of *mꜣꜥt* regardless of the potential outcome of the case.[60] The positive verdict "an ailment which I will treat" equates with the demonstrability of *mꜣꜥt*. Illnesses that could undermine this demonstrability would receive the negative verdict, "an ailment not to be treated." Pronouncing that the ailment is beyond treatment actually reaffirms *mꜣꜥt* by predicting an unfortunate result and establishing it as part of the natural order. The verdict indicating some doubt of the outcome, "an ailment with which I will contend," acts in a similar manner as the negative one; *mꜣꜥt* will function but the healer must first take therapeutic measures to discover if that means a restoration of patient health. The medical papyri, unfortunately, give no indication as to the attitudes of the patients.

The idiom of communication in Egyptian medical practices uses both the mode and explanatory model. The mode centers on the irrigation model of physiology. Although the examination and diagnosis sections of the cases give some description of the irrigation model, it is more often the treatment section and especially the Book of Vessels that outline the process clearly. A system of *mtw* (vessels) that can be blocked by various substances accounts for both a biological and spiritual understanding of the human body for the ancient Egyptians. The movement of physical substances through the *mtw* are a manifestation of *mꜣꜥt*.[61]

The overarching concept of *mꜣꜥt* serves as the explanatory model that links biology and religion. The physical process as well as the spiritual must work together

---

[60] Verdicts take one of three forms: 1. *mr yry.y* (an ailment which I will treat), 2. *mr ꜥḥꜣ ḥnꜥ* (an ailment with which I will contend, 3. *mr n yrw ny* (an ailment not to be treated); see Breasted, *Edwin Smith*, 46; see ch. 4, Israelite Concepts of Health and Disease, §4.4.

[61] See ch. 2, Egyptian Conception of Health and Illness.

in accordance with a natural order. Because the sources are silent concerning the patient's attitude towards the healer, we cannot obtain information on whether the patient agreed with the explanatory model of *mȝꜥt*. Letters from foreign courts requesting that a new *swnw* be sent indicate more a dissatisfaction with the individual performance of a *swnw* than a rejection of the Egyptian explanatory model.[62] The fact that other societies even sought the aid of Egyptian healers suggests that to some extent there is agreement among the explanatory models of the various ancient Near Eastern cultures. Textual accounts from Mesopotamia and the Hebrew Bible lack explicit references to keeping substances or supernatural forces in balance. Yet, like Egypt, these other cultures attribute disease causation to the supernatural world, regarding sickness as a form of communication between divinities and humans.

6.4.4 Clinical Reality

Kleinman's clinical reality is based upon a distinction between biomedical practices and indigenous ones. The clinical reality for the ancient Egyptians often blended these categories. The most obvious of these is the separation between sacred and secular healing methods. As shown above with the idiom of communication,[63] *mȝꜥt* joins the practices of the *swnw* to the religious ideologies of Egyptian culture. And, as already shown, the *wꜥb* priest and *sȝ* equally used the irrigation model based on *mȝꜥt*. This blending occurred because healing ultimately targets *mȝꜥt*.

In an analysis of clinical reality, the separation of disease and illness focuses on the treatment of a biological process rather than the patient's ability to function in a social context. The examinations section of the medical papyri do not describe

---

[62] KUB III 66 and KUB III 67.

[63] See ch. 1, Concepts of Health, Disease and Illness.

impaired social functions but concentrate on the physical aspects of a patient's complaint. It is an assumption, perhaps rightly so, that in these texts the physical condition (disease) that drives the patient to seek assistance also impinges on his social function (illness). The treatment sections similarly concentrate on the alleviation of the physical condition. Yet, the use of incantations and ritual elements in some cases indicates that the rational behind treatment is not purely a biological process but rather incorporates elements of the health care system normally considered more a part of one's social functioning, namely religion. Additionally, the medical papyri's inclusion of problems western biomedicine would not typically consider as under its jurisdiction, such as beauty aids or pest control,[64] indicates that social functioning is intimately linked to the concepts of illness treated by the *swnw*, *wʿb* priest, and *sꜣ*.

The treatment sections of the medical papyri provide for both symbolic and instrumental healing. There is ample evidence of the use of medicaments as well as what western biomedicine would consider symbolic incantations and rituals. Breasted and other researchers try to distinguish between the *swnw* and other types of Egyptian healers, with the *swnw* using instrumental intervention rather than symbolic. The presence of an incantation (symbolic intervention) in the Edwin Smith papyrus makes such a facile distinction untenable. The fact that the *wʿb* priest and *sꜣ* also use instrumental intervention further complicates any attempt to classify the various Egyptian healers based solely on the type of healing intervention recorded in the medical papyri. To the Egyptian way of thinking, the symbolic elements of ritual and spell are rational and have an instrumental effect on illness just like a medicament. And, as it has been shown, even the instrumental practices of biomedicine have a

---

[64] For examples, Eb. 463, 837 and 846.

symbolic function.[65] Since one kind of Egyptian healer (*swnw*) weighted his treatments to a particular type (instrumental) does not negate the fact that the *swnw*, *wʿb* priest, and *s3* all viewed health and healing as a divine message and function of *m3ʿt*.

The verdict section within the texts establishes an expectation for the patient based upon the healer's pronouncement. The therapeutic expectations for Egyptians would be determined not just by the interaction of the patient and practitioner but could also be influenced by the larger community. A patient consulting a recognized healer implies a wider social network influencing how a person approaches health care. *M3ʿt* needs to be restored or at the very least explained to patient as well as the community. Without such a consultation with a recognized healer, the patient risks being labelled with something more negative than the sick role.[66]

The locus of responsibility of care appears to vary from case to case. The medical papyri direct the *swnw, wʿb* priest, and *s3* to manipulate, prepare, and apply medicaments or recite incantations which suggests that the responsibility is in the hands of the practitioner. The texts lack a directive to family members or others to treat the patient at home but rather the prescriptions such as "moor him at his mooring stakes"[67] are addressed to the health care practitioner. Similarly, some treatments refer to the bandaging of wounds "every day until he recovers"[68] implying that a practitioner of some sort would actually be the one changing the bandages; whether a *swnw*, *wʿb* priest, *s3* or a *wt* (bandager) is not clear from the texts. But, other prescriptions require

---

[65] Helman, *CHI*, 157–69.

[66] See ch. 1 Concepts of Health, Disease and Illness.

[67] Smith, C. 3. This phrase is glossed in the text as "putting him on his customary diet, without administering to him a prescription." See Breasted, *Edwin Smith*, 134.

[68] Smith, C. 1.

that the patient administer his own doses of medicine over a period of days. This variation may be for practical concerns; a healer may not be able to administer to the patient at certain times. There is no mention, so far, of a patient's non-compliance.

6.4.5 Therapeutic Stages and Mechanisms

In their therapeutic stages and mechanisms, the practices of the three types of Egyptian healers to a certain extent follow the tripartite organization of naming a problem, symbolically manipulating and removing that name and then giving the patient a new label. The Egyptians typically did not name a disease, but occasionally a name is mentioned such as *ꜥꜣꜥ* (unidentified toxin)[69] or *ꜥnwt* (swelling) of Khonsu.[70] More often, the format of the papyri is to repeat the description of the symptoms in the title, examination and diagnosis sections of a case. The problem, whether named or not, is manipulated and removed in some way (symbolic and/or instrumental), as evidenced by the treatment section of the cases. Most often, a patient does not formally receive a new label in the medical texts. Sections of the Ebers and Edwin Smith papyri, though, indicate that the label "cured" at some point will be given to the patient. Treatments often include the direction "until he recovers," implying that, in the future, the patient may receive a new label. Also, the verdict portion suggests that a new label will be given at some point, but not always the positive "cured." The phrase "not to be treated" could indicate the acquisition of a new label such as "crippled" or "deceased."

Egyptian medical papyri attest to a physical change taking place in the patient during therapeutic measures but the psychological and interpersonal effects are not

---

[69] Eb. 221-225, Hearst 79-83; see Herman Grapow and H. von Deines, *Übersetsung der medizinischen Texte*, Grundriss der Medizin der alten Ägypter (Berlin: Akademie-Verlag, 1958), 146–53.

[70] Eb 877; see Grapow and von Deines, *Grundriss IV Pt. 1*, 229.

mentioned. We must assume that the physical problem affected the patient's ability to function in either the personal and/or social spheres, necessitating a psychological and/or interpersonal change. No real assessment is made of the healer's success. A few prescriptions end with a note that the recipe "works really well," but nothing appears concerning failures. Letters requesting another healer might indicate a momentary failure, yet the authors are not dissuaded from continuing with the Egyptian system of health care practices.

6.4.6 Non-Medical Practices

The titles *wꜥb* priest and *sꜣ* appear frequently outside of medical contexts indicating that they worked in conjunction with other aspects of Egyptian religion such as daily care of the gods and magical rituals not pertaining to one's physical health and illness. There is evidence of *swnw* acting outside of what we would normally consider medical practices and in a more or less religious capacity. Two reliefs from the 5th dynasty (2500-2350 BCE) show a *swnw* overseeing the butchery of sacrificial cattle. Ire-nakhty is depicted in the tomb of Ptah-hotep declaring pure the blood from a sacrifice.[71] Similarly, Wenen-nefer in the tomb of Ptah-hotep II inspects the blood of a sacrificed bull.[72] A stele from the 6th dynasty (2350-2190 BCE) also shows a *swnw*[73] overseeing cattle butchery.[74] All of these figures, in addition to holding the title *swnw*, have the title *wꜥb*; it is not clear if the inspection of sacrificial cattle is under the purvey

---

[71] Jonckheere, *Les médecins*, 24; Ghalioungui, *Physicians of Pharaonic Egypt*, 4, 17.

[72] Jonckheere, *Les médecins*, 31; Ghalioungui, *Physicians of Pharaonic Egypt*, 18; J. Leibovitch, "Une scene de sacrifice rituel chez les anciens egyptiens," *JNES* 12, no. 1 (1953): 59–60.

[73] It is debated if the inscription on the relief is the name of the *swnw*, Iry, or if it is the command "do."

[74] Jonckheere, *Les médecins*, 77–78; Ghalioungui, *Physicians of Pharaonic Egypt*, 23.

of the *swnw* or the *wꜥb* priest. Ritual texts from the Ptolemaic period speak of the magical practices of the *swnw*, particularly in relation to the slaughter of enemies.[75]

The connection between the *swnw*'s practices and magical rites is made evident in other sources from various periods. The White Chapel at Karnak commemorating the Sed festival[76] of king Senusret I mentions the work of a *swnw*; but what exactly the *swnw* did for Senusret in connection with the festival is unknown. A papyrus from the Third Intermediate period claims protection from the magic of various people, such as Syrians, Ethiopians and the magic of *swnw*.[77] If the *swnw*'s ultimate purpose is to secure one's health, through *mꜣꜥt*, then these connections to magico-religious practices do not seem out of the ordinary. In fact, the link between the *swnw* protecting one's health and his role within religion seems most explicit in the Coffin Texts in which the *swnw* along with the *wꜥb* priest and *sꜣ* must intervene to end the supernatural suffering of the deceased.[78]

6.5 Specialists

Almost every general study of Egyptian medicine mentions Herodotus' description of specialists,[79] but did Egyptian healers, particularly the *swnw* really specialize in a single illness? Herodotus lists doctors for the eyes, head, teeth, stomach, and "illnesses whose provenance is obscure." In fact, the Egyptians did use titles such

---

[75] von Känel, *Les prêtres-ouâb de Sekhmet*, 303–04.

[76] The *heb-sed* (royal jubilee) is a ritual of regeneration for the king to be celebrated, ideally, every thirty years.

[77] Louvre E 25354.

[78] Spell 335; see von Känel, *Les prêtres-ouâb de Sekhmet*, 302.

[79] Herodotus, *Histories*, II.84.

as *swnw ỉr.ty* (*swnw* of the Two Eyes), *wr ỉbḥy* (Chief of the Teeth), *swnw ẖt* (*swnw* of the Belly) and *swnw ꜣꜥꜥ ḥmw.t štꜣ.t* (*swnw* Interpreter of the Secret Craft). Oddly, though, these titles mostly belong to the Old Kingdom; three exceptions come from the Late Period.[80]

Apparently, the custom of using specialist titles fell out of use for centuries, only to be revived by the time Herodotus made his trip to Egypt in the 5th century BCE. Late and Hellenistic periods underwent a revival of Old Kingdom customs, including the use of titles. This may account for the appearance of "specialists" in Herodotus' account without the healers actually engaging in specialized practices. Another theory to explain this phenomenon is that Egyptians originally thought of each limb as a separate entity; thus specialists were designated by simply qualifying *swnw* with the name of a body part. Over time, the concept of *wḫdw* (putrid matter) flowing through the *mtw* (vessels)[81] created a sense of a unified body and thus specialization decreased.[82] The Egyptian conception of physiology, however, was not based upon discreet systems, but rather upon the idea of *mꜣꜥt* governing the interaction of systems within the body as well as the entities outside of the body.[83]

Grapow sees the use of specialized titles as a way of communicating that the *swnw* can treat various illnesses.[84] This would explain how men like Irenakhty could hold the titles *swnw ỉr.ty*, *swnw ẖt* and *nrw pḥwt* (Shepherd of the Anus). Von Känel sees the repetitive use of *swnw* with body parts as a way of clearing up confusions,

---

[80] Ghalioungui, *Physicians of Pharaonic Egypt*, 44.

[81] See ch. 1, Concepts of Health, Disease and Illness for further discussion of *wḫdw* and *mtw*.

[82] Ghalioungui, *Physicians of Pharaonic Egypt*, 44.

[83] See ch. 1, Concepts of Health, Disease and Illness.

[84] Grapow, *Grundriss III*, 98.

since the term *swnw* by itself is generic and synonymous with the *wꜥb* priest.[85] So, the evidence cautions against making a direct correspondence between the *swnw ẖ.t* or *swnw ỉr.ty* and the modern gastroenterologist or ophthamalogist.

Despite the labeling of the Edwin Smith papyrus as a surgical treatise, there is no clear indication that the ancient Egyptians considered surgery a separate branch of health care. Breasted points out that the manipulations and other measures typically considered surgical actually take place during the examination of a patient rather than in the treatment section. He concludes that to the ancient Egyptian way of thinking, proper health care includes the use of medicaments. He mistakenly continues with the line of thought that since the number of recipes and non-surgical techniques are few in the Smith papyrus, the Egyptians saw a distinction between the surgeon and the physician.[86] Since there is no specific term for surgeon and the designation of the Smith papyrus as surgical is a later interpretation, it cannot be said with any reasonable assurance that Egyptian health care had a separate classification of surgeons or surgery.

The Brooklyn Papyrus does attest to the medical role of the priest of Serqet in treating snake bites but this text dates from the Ptolemaic period and may not reflect ancient Egyptian practices. There are five known *swnw* who simultaneously held the title priest of Serqet but no mention of them specifically healing snake bites.[87] Although there is an overlap in titles, the evidence is insufficient to designate the priests of Serqet as specialists in animal related injuries.

---

[85] von Känel, *Les prêtres-ouâb de Sekhmet*, 251, 294.

[86] Breasted, *Edwin Smith*, 42.

[87] These men are: Irenakhty, Khuy, Nemtyemhat, Psamteksoneb and an anonymous *wr swnw*.

To date, no references have surfaced that uses the terms *wʿb* priest or *s3* in connection with a specific body part or other such designation for specialists. Although it is an argument from silence, this may indicate a difference in the clinical perception of some *swnw* and *wʿb* priests. Perhaps the *wʿb* did not typically function in a clinical setting that allowed for the development of a reputation with regard to specific ailments. It would be fallacious to assert that the *wʿb* priest or *s3* was restricted to being a general practitioner. Their mention alongside *swnw* in the Ebers and Smith Papyri show that any one of the three types of healers was expected to treat illnesses affecting specific areas of the body. The answer as to why body parts are never concomitant with the title *wʿb* or *s3* might have more to do with conventions of religious titles rather than actual clinical practices.

6.6 Remuneration

A money economy did not appear in Egypt until the Late Period (post 525 BCE). Previously, a system of barter based mostly on grain and beer had been used. But the four basic forms of remuneration in a health care system, salary, fee-for-service, capitation and case-payment, can still apply to the Egyptian healers.[88] There is evidence from the payrolls of Deir el-Medina that the *swnw* received a salary from the state in the form of grain rations.[89] But other forms of payment also existed. An anonymous *swnw* received payment from a private individual (Usih) for taking care of his wife, although she eventually died.[90] This can be either a fee-for-service or case-

---

[88] See § 6.8 Health Care Sector.

[89] Cairo ostraca 25.608 and Turin papyrus 2071.

[90] Turin papyrus 1880; see William F. Edgerton, "The Strikes in Rameses III's Twenty-Ninth Year," *JNES* 10, no. 3 (1951): 137–45.

payment situation; the lack of details makes it difficult to determine the exact type of remuneration. So far, we have no evidence of payment on a capitation basis. The cases within the medical texts make no mention of remuneration.

The mortuary evidence indicates that the *swnw* held a fairly high status in ancient Egypt. Often the titles show a connection to the king, Residence, temple or other high level of administration. Many *swnw* are listed with significant land holdings, indicating wealth and status. Yet payment records show *swnw* receiving less grain than other workers at the same site, including female servants (*hmt*). Some assume that the ration as a *swnw* is in addition to one's ration as a workman, thus bringing up the total payment for a *swnw* to the higher levels of a scribe or chief or workers.[91] Proponent of this scenario assume that working as a *swnw* would take up little time, thus allowing for additional labor and payment as a workman. Although the rationing of foodstuffs shows payment was made in relation to the job, nothing indicates that pay was adjusted according to the possibility of earning additional grain in another capacity. The double payment theory comes from the modern scholar's need to equate the *swnw*'s financial status with the modern physician. Regardless of the doubling up of duties, the *swnw* received grain allotments on the lower end of the pay scale.

We cannot conclude that all healers attained great wealth and status. It is possible that they received fee-for-service or case-payments in addition to a state salary, enhancing their overall position in society, but it is just as likely that only those healers attached to the royal court or temple enjoyed wealth and a high status. Practitioners attached to a work site may not have shared the same status. Although Mechanic evaluates western biomedicine as giving greater wealth and status when the

---

[91] Nunn, *Ancient Egyptian Medicine*, 19–20.

physician's practice is less visible,[92] Egyptian culture may have conferred these rewards only on those whose practices were more readily apparent to the population, i.e., taking care of the king or overseeing certain religious rituals.

6.7 Education

Ample evidence links the *swnw* with the erudite classes of the Egyptian population. "I will save him from his enemies, and Thoth shall be his guide, he who lets writing speak and has composed the books; he gives to the skilful [sic], to the physicians who accompany him, skill to cure."[93] This connection between literacy and healing reaches back into the early history of Egypt. Manetho states that Athotis (Aha) wrote a treatise on anatomy,[94] and the Berlin Papyrus claims to date back to the reign of Den (ca. 2900 BCE).[95] Although such claims may only be a literary convention to establish authority, linguistic evidence shows that some portions of the medical papyri date as far back as the Old Kingdom. The use of papyri as a reference for symptom descriptions and therapeutics requires the healer to be literate. Healers also hold the title *sš* (scribe) further attesting to their literacy. Of the fourteen scribes holding the title *swnw*, an interesting case is the Middle Kingdom figure, Imny.[96] A stele from Abydos bears a relief with the inscription *sš pr-ʿnḫ Kkw* sꜣ *Imny swnw* which can be translated in two ways: 1. scribe of the house of life Kkw son of Imny the *swnw*, 2. scribe of the house of life, Kkw's son, the *swnw* Imny. In this one inscription, we have

---

[92] Mechanic, "Physicians," 436.

[93] Translation from Ebbell, *Ebers*, 29.

[94] Ghalioughui, *Physicians of Pharaonic Egypt*, 8.

[95] Ber. 163.

[96] Jonckheere, *Les médecins*, 22; Ghalioughui, *Physicians of Pharaonic Egypt*, 23.

a link between the *swnw*, the scribe, and the *pr-ʿnḫ* (House of Life). But it does not clarify just how the three elements are related to each other.

The *pr-ʿnḫ* was part of the larger temple complex. References to the *pr-ʿnḫ* have been found for the temple of Osiris at Abydos, as well as temples in Bubastis, Sais, Edfu, and el-Amarna.[97] Unfortunately, none of these sites have an intact *pr-ʿnḫ* from which we can investigate its exact function; the only physical remains come from el-Amarna but are limited to a few bricks with the stamp of *pr-ʿnḫ*.

The exact function of the *pr-ʿnḫ* is debated. Ghalioughui sees it as a scriptorium and draws parallels with the later Alexandrian μουσειον. Although he is reluctant to state that the *pr-ʿnḫ* is a medical school, he does stress the natural/supernatural dichotomy of illnesses treated by the *swnw* versus the *wʿb* priest and *s3w*. From this Ghalioughui claims a difference in the education of the *swnw* from the *wʿb* priest and *s3*.[98] Adherents to the theory that the *pr-ʿnḫ* was a formal medical school base much upon the inscription of Udjahor-resnet from the 27th dynasty (525-404 BCE).[99] "The Majesty of King Darius (may he live eternally) ordered me to return to Egypt...for restoring the department(s) of the House(s) of Life (consecrated to) medicine[100] after which (they have fallen into) ruin...because he knew the utility of this art to give back life to those who are sick."[101] Gardiner argues against the *pr-ʿnḫ* as a medical school proper, citing the same inscription of Udjahor-resnet, "I

---

[97] Paul Ghalioughui, *House of Life: Magic and Medical Science in Ancient Egypt* (1973), 68.

[98] Ghalioughui, though, neglects to outline any specific differences between the education of the *swnw*, *wʿb* priest and *s3*. See Ghalioughui, *House of Life*, 63.

[99] C. Reeves, *Egyptian Medicine* (Princes Risborough: Shire Publications, 1992).

[100] The original text reads: [*n*] *ir*(*t*) *swnw*.

[101] Translated from Lefebvre, *Essai sur la médecine égyptienne de l'époque pharaonique*, 19.

furnished them with all their staffs[102] consisting of persons of rank, not a poor man's son among them."[103] The key to this passage is the understanding of *ṯt* (personnel); it has been variously translated as "staff," "gang" or "students," thus coloring the overall interpretation of the *pr-ʿnḫ* as a medical school or even a hospital setting.

The curious title *wr swnw n ḥw.t ʿnḫ* (Chief *swnw* of the Mansion of Life)[104] leaves much debate as to what exactly is the *ḥw.t ʿnḫ*. Junker and Botti equate this with the *pr ʿnḫ* (House of Life) while Gardiner sees it as a separate place where the king ate.[105] Confounding the issue is a prayer to Khnum, "how beautiful is your face when you are in the *ḥwt. ʿnḫ*, healing the sick, and driving away evil from those who pray to you."[106] This suggests the *ḥwt. ʿnḫ* is a health care facility of some sort rather than a repository of books or place of medical education, as the *pr ʿnḫ* is assumed to be. Crossover in the practices of *swnw.w*, scribes, priests, and *sꜣw* makes it only logical that any repository of their knowledge would in effect be a place of learning as well as a clinical setting.

It is a common cultural practice for a craftsman to pass on his knowledge to his son. Such a method of training healers is reinforced by the passage, "thou shalt prepare for him the secret remedy to the one who is under the physician [*swnw*] except thy own daughter."[107] The common understanding of this passage is that only the trainee, a

---

[102] Original text reads: *ṯt*.

[103] Alan H. Gardiner, "The House of Life," *Journal of Egyptian Archaeology* 24 (1938): 157, 159.

[104] This title is only found once, Men from an eighteenth dynasty funeral papyrus, Florence No. 10.481, see Jonckheere, *Les médecins*, 42 and Ghalioungui, *Physicians of Pharaonic Egypt*, 27.

[105] For a more detailed explanation of the debate see Ghalioungui, *Physicians of Pharaonic Egypt*, 45.

[106] S. Sauneron and V. Esna, *Les Fêtes religieuses d'Esna aux derniers siècles du paganisme* (Cairo: IFAO, 1962).

[107] Eb. 206; translation from Ebbell, *Ebers*, 54.

relative, may know the medicants used by the *swnw* indicating an apprenticeship as the form of education for Egyptian healers. The context of the Chester Beatty papyrus indicates this is not the only way the knowledge of a *swnw* can be learned. The Chester Beatty papyrus found at Deir el-Medina belonged to a family that, as far as can be ascertained, did not contain a *swnw*. Additionally, works such as the Middle Kingdom *Satire on the Trades* indicates that apprenticeships were not strictly limited to the family. Unlike western biomedicine, the Egyptian health care system does not appear to have had a standard, mandatory form of education for all its healers, including the *swnw*. Healers gained their specialized knowledge through a variety of means much like any other skilled laborer.

6.8 Health-Care Sectors

The ubiquity of titles connected to healers leads us to believe that the *swnw*, *wꜥb* priest and *sꜣ* functioned within the professional health sector. The titles speak to sanctioning by the political, legal and religious authorities of ancient Egypt. Their explanatory model of illness not only drew upon the concepts of divine messages and *mꜣꜥt*, but their practices also reinforce these ideas among the larger community. Healers in the professional sector have the ability to confer a specific status on a patient such as sick or healed. Cases that include a verdict section indicate that the *swnw*, *wꜥb* priest, and *sꜣ* did confer such labels. Also, the therapies in many cases include substances and even rituals supposedly of limited availability. The right to gain access to specialized materials further supports the professional status of the three types of practitioners. As professionals, the *swnw*, *wꜥb* priest and *sꜣ* would have enjoyed a relatively high social status.

There is a tendency to view the *wꜥb* priest and *sꜣ* as part of the folk or popular sectors of health care. Such a categorization relies upon the belief that the *swnw* practices a secular or scientific brand of medicine, while the others use a sacral based approach to health care. But the use of incantations by the *swnw* and the secular *materia medica* of the *wꜥb* priest and *sꜣ* show that the dichotomy of professional and folk healing based upon the incorporation of religious elements in the healing practices is unsound. The categorization of the three healers in the professional sector should depend upon the sanctioning of the healers by other sources of authority.

We should be wary of the assumption that titles showing a royal connection indicate a higher status among healers. The nature of our sources skews the overall picture. We have mostly royal or at least aristocratic burials; therefore, we do not know for certain what qualifies a high status in the medical field. We only know that health care practitioners, like any other occupation, are afforded a high social status when connected to the king. Two scenarios are possible: 1. once a *swnw* achieves a high status within the medical field, decided by unknown independent criteria, he can be associated with royalty; 2. someone already associated with royalty, thus having a high social status, can receive one of the *swnw* titles as a mark of his activity.

Since titles help determine how the healers fit into a particular sector of health care, let us now look at how the ancient Egyptians may have used them. Egyptologists typically rank the various titles using *swnw* into a hierarchy. This hierarchy fits into two larger schemata of titles. The first system of titles rates all the administrative ranks in Egypt. The specific titles for *swnw* that are common to the greater ranking system defines the hierarchy of the *swnw*. For example, some rank an *iry-rꜣ swnw* (overseer of *swnw*) higher than a *wr swnw* (chief *swnw*). The hierarchy of titles (most likely at work) in the Old Kingdom (2700-2160 BCE) does not seem to hold true in the tomb

inscriptions from Beni Hasan in the Middle Kingdom(2106-1786 BCE), however; the patterns either shifted or simply broke down over time.[108] In the second system, the *swnw* is ranked in relation to the *wʿb* priest and *sꜣ*. But there is no real consensus as to how the *swnw* were ranked by the ancient Egyptians. Some see the *swnw* as the highest ranking of the three basic types of healers, because of the assumption that the *swnw* uses mostly scientific measures.[109] Others rely on the religious nature of Egyptian medicine and the culture as a whole to place the *wʿb* priest as the highest.[110] Although Egyptians loved titles, it is difficult to determine just what is the hierarchy since one individual can hold many titles.

Studies on Egyptian medicine place the *wʿb* priest, like the *swnw*, in a hierarchy. Some see the *wʿb* priest as the highest rank among the various types of healers.[111] Others rate the *wʿb* priest as an inferior title to that of *swnw*.[112] Which title holds a higher rank is based more on a scholar's opinion as to which field holds cultural primacy, religion or science, than any actual evidence. The graffito at Hatnub shows the *wʿb* priest Aha-nakht as smaller than and therefore subordinate to Hery-shef-nakht, a *swnw*, *wʿb* priest and *ḥkꜣy* (magician), but this does not indicate the overall relationship between the *swnw* and *wʿb* priest in Egyptian health care. For now, it is best to take the use of *swnw* and *wʿb* as the Ebers and Smith Papyri present them, as relative equals in medical matters.

---

[108] Baer, *Rank and Title in the Old Kingdom*, 166.

[109] Nunn, *Ancient Egyptian Medicine*, 135.

[110] Ghalioungui, *House of Life*, 64.

[111] Ghalioungui, *House of Life*, 64.

[112] See Nunn, *Ancient Egyptian Medicine*, 135. Helck sees the *wʿb* priest of Sekhmet as a possible professional subtitle for the *swnw*; see Wolfgang Helck, *Untersuchung zu den Beamtentiteln des äyptischen alten Reiches* (Glückstadt: J.J. Augustin, 1954), 67.

Unlike the *swnw*, the *wʿb* priest, for the most part, has escaped being classified and arranged in minute detail. Perhaps this is due to the ambiguous nature of temple hierarchies.[113] A functionary at one temple may have been among the lower clergy but the same functionary at another temple was considered among the higher clergy. Priests did not operate in only one clearly defined category but often combined different functions. Current evidence shows that some persons holding both the *wʿb* and *swnw* titles were not attached to a temple.[114]

6.9 Conclusion

The three healers in Egyptian culture, *swnw*, *wʿb* priest, and *sꜣ*, used the same explanatory model of illness based upon the ideas of a divine message and the balance of *mꜣʿt*. They all functioned as part of the professional sector of health care. The method of remuneration and education did not vary between the three types. Even the types of therapies overlapped; a *swnw* sometimes used incantations (symbolic treatments) while the *wʿb* priest and *sꜣ* also applied medicants (instrumental treatments). Although the healers were not limited in their choice of therapy, there is a discernible preference for a type of treatment. Some medical texts rely on instrumental treatments with more numerous references to the *swnw*, while other texts refer to a *wʿb* priest and their use of symbolic therapies. Ultimately, the distinction between the *swnw* on the one hand and the *wʿb* priest and the *sꜣ* on the other, lies in this preference for treatment. This is not to say that the *swnw* is a physician practicing scientific medicine and the others are not. The *swnw* is a healer who focused on what the divine message means for the mortal world. He attempted to clear the physical symptoms as a

[113] Sauneron, *Priests of Ancient Egypt*, 54–55.

[114] Ghaliounghui, *Physicians of Pharaonic Egypt*, 49.

means of communication with the gods and eventually heal the illness. The symptom and the instrumental treatment are an indirect method of healing. In contrast, the *wꜥb* priest and *sꜣ* concentrated on why the divine message was sent from the gods. They prefer a method of direct communication with the gods; heal the illness and the symptom(s) will go away. Although there are two different healing strategies, they work within the same explanatory model of illness and reinforce the same cultural values. They do not constitute competing forms of medicine.

Chapter Seven

Mesopotamian Healers

7.1 Introduction

Two terms for healer appear repeatedly in the sources for Mesopotamian medicine: *asû* and *āšipu*. Quite often, the interpretation of these terms fits into a dichotomy, science for the *asû*, and religion or magic for the *āšipu*. Yet, it is also thought that both types of healers work in conjunction. Bottéro asserts that one is consulted only when the other has failed the patient in some way, i.e, when magic failed, the patient looked towards science and vice versa.[1] There is also a misunderstanding that the practices of one type of healer contaminated the work of the other; the *asû* unwittingly adopted the use of amulets or made a diagnosis with the name of a deity.[2] This latter theory assumes the scientific *asû* would not use incantations and amulets as a typical course of therapy.

The relationship between the *asû* and *āšipu* was far more complicated than a science/magic dichotomy. Both diagnosed and treated patients according to the same explanatory model of illness that drew heavily upon the religious culture of Mesopotamia. But this is not to say that their medicine is only magico-religious ritual. In fact, we can see among the Mesopotamians a sensitivity to cause-effect relationships in the world around them. Even a letter from Zimri-Lim, from the kingdom of Mari, warns his wife not to let anyone come in contact with chairs or

---

[1] Jean Bottéro, "Magic and Medicine," in *Everyday Life in Ancient Mesopotamia* (Baltimore, Maryland: Johns Hopkins University Press, 1992), 174–75.

[2] Edith K. Ritter, "Magical-Expert (āšipu) and Physician (asû): Notes on Two Complementary Professions in Babylonian Medicine," in *Studies in Honor of Benno Landsberger* (Chicago, 1965), 299–321; Bottéro, "Magic and Medicine," 175.

bedding used by another woman having a "wound with a discharge" lest they too catch some illness.

The idea that the *asû* and *āšipu* functioned together is fairly sound, but not along the lines of science versus magic. The different Mesopotamian healers used the same explanatory model of illness, a divine message and appeasement of powerful entities, but approached healing with two different strategies centered on direct and indirect communication with the divine.

The *asû* and *āšipu* are not the only types of healers attested in the sources. On occasion, we see references to a *bârû* (magician/exorcist) in a medical context. The infrequency of the term *bârû* makes it superfluous to study as a third, distinct category of healers. At this point, it is best to categorize the healing practices of the *bârû* with those of the *āšipu*.

In many of the sources, one will find other terms used for healers such as: *azugallu* (chief physician), *azugallūtu* (chief woman physician), *mašmašu* (exorcist) and, on rare occasions, *šangu* (chief administrator of a temple). For ease of discussion, we can group these terms with the *asû* and *āšipu*. The evidence is insufficient to discern the exact differences between these terms when encountered in a medical context.

To better understand the function of the *asû* and *āšipu* in relation to the religious culture, let us examine both types of healers with regard to seven basic categories: sources, translation, practices, specialists, remuneration, education and finally the health sector or status of the healers. The first two categories provide a background for the study; where the data come from and how have they been conceptualized to date. The categories *practices* and *specialists* analyze how a particular type of healer interacted with his patient as well as highlighting the

similarities and differences between the various healers. *Remuneration* and *education* focus more on the healer's relationship to the broader culture. The *health sector* category assesses how these healers are organized and function within the society.

7.2 Sources

The term *asû* is attested from Old Akkadian onwards, approximately 2500-1900 BCE, and thought to originally be a Sumerian loanword, A.ZU. It appears in a number of lexical series including a Standard Babylonian list of professions and the synonym list Malku. For a complete list of sources pertaining to the *asû* in law codes, literature, or administrative lists, one should refer to the entry *asû* in CAD.

Use of the term *āšipu* dates from the Middle Assyrian/Middle Babylonian period (1500-1000 BCE) onwards. Like its companion term *asû*, *āšipu* appears in over half a dozen lexical series, the Malku synonym list and the Neo-Babylonian list of professions. CAD provides a more complete list of sources for *āšipu* in a variety of contexts.

7.3 Translation

CAD translates *asû* as physician. This assumes parallels between the practices of the *asû* and the modern western physician that are not always tenable. Recently, such a facile translation has come under scrutiny, with alternatives proposed that better convey the function of the *asû* in Mesopotamian culture. One suggestion is "technician," which accounts for the practices of the *asû* in preparing and administering therapeutics while avoiding the connotations of the modern physician. But this newer translation neglects the *asû*'s role in diagnosis; this is especially noticeable when paired with the translation "diagnostician" for the *āšipu*. Scurlock has

proposed not so much a translation but an analogy, that the *asû* functions as something akin to the modern European pharmacist.[3] This solves the problem of the *asû* making diagnoses but limits the *asû* to working on simple cases and places him in a subordinate position to the *āšipu*. As we shall see later, this comparison also lacks accuracy in that the evidence does not indicate that the *asû* had to act with the approval of the *āšipu*. A similar misunderstanding exists for the role of the *āšipu*. The term *āšipu* is commonly taken to mean "exorcist." The newer translation of "diagnostician"[4] ignores the therapeutic practices and religious function of the *āšipu*. Since attempts at providing a clear translation confuse the practices of Mesopotamian healers and modern ones, I shall simply use the Akkadian terms *asû* and *āšipu* where appropriate.

7.4 Practices

The practices of the *asû* and *āšipu* had considerable overlap. They both understood illness as a message from the gods and that healing necessitated some form of communication (and appeasement) back to them. In this way the healers used religious values in diagnosis as well as reinforced those same values when applying treatments. In analyzing their practitioner-patient interaction, we can see also a difference in the approaches of the *asû* and *āšipu* in which they focused on different aspects of the Mesopotamian explanatory model of illness. The *asû* concentrated on the human world whereas the *āšipu* centered on the divine realm.

---

[3] JoAnn Scurlock, "Physician, Exorcist, Conjurer, Magician: A Tale of Two Healing Professions," in *Mesopotamian Magic: Textual, Historical and Interpretative Perspectives* (Groningen: Styx Publications, 1999), 78.

[4] CAD 431-436.

7.4.1 Institutional Setting

We can establish the home as the primary setting for health care based upon the frequency of house calls in the medical tablets as well as literary sources. Cases in TDP and *The Poor Man of Nippur* indicate that the healer, whether *āšipu* or *asû*, went to the patient rather than having the patient brought to a special location controlled by the healer.

The possibility exists that the healer did not always need to visit the patient. Some of the letters between King Esarhaddon and the *asû* Arad-Nana indicate that the diagnosis and treatment measures were carried out solely through correspondence. "Concerning the condition of the tooth of which the king wrote me..."[5] In this case, the *asû* never physically examined Esarhaddon.

Avalos attributes the frequency of home care to the social stigma of illness. A healer's house call protected the patient from public scorn for immoral actions that caused the illness.[6] This conclusion, however, presupposes that all illnesses were viewed as divine punishment[7] and that the healer intentionally acted in a manner to protect the patient from this humiliation. If health care strategies were developed to protect the patient's social status, then why doesn't the healer come in disguise? *The Poor Man of Nippur* describes how a shaved head is the typical look of an *asû*, and this is used to gain easy entry into the house. It would seem obvious then that the bald *asû* seen approaching someone's home would impart a similar stigma as the patient walking through the city to a healing center.

---

[5] K. 532, rev. ll. 1-5, "*ina muḫḫi bul[ṭi] ša šini ša šarru išpurani rešu anaši madu bulṭi ša šini.*"

[6] Hector Avalos, *Illness and Health Care in the Ancient Near East: The Role of the Temple in Greece, Meospotamia and Israel* (Atlanta: Scholar's Press, 1995), 177–80.

[7] For an alternative view of *qāt DN* as analogous to *ša qāti*, see K. van der Toorn, *Sin and Sanction in Israel and Mesopotamia* (Assen/Maastricht: Van Gorcum, 1985), 78.

A more likely motive for the frequency of house calls is the idea of ritual impurity.[8] Several texts recount the divine and social rejection of an ill and impure person.[9] A house call removes the possibility of spreading the contamination,[10] or having the patient incur further difficulties for violating prohibitions on entering sacred areas while impure. Most likely, the healer operated with society's perception of illness as a divine punishment or message, rather than working against it.

Rivers serve as a secondary locus of health care. They are instrumental in the diagnostic phase, such as divinatory rituals.[11] But they also frequently appear in therapeutics.[12] Water in these rituals removes and traps the malignancy infecting the afflicted. Running water is not always a necessity. Several texts call for the sprinkling of pure water. Some cases specify water drawn from the Tigris or Euphrates. Many rituals for exorcism involve the patient immersing himself in a river. For this setting, the sense of power and authority derives from the water's connection to the divine. In turn, this reinforces the connection between the healer and the power/authority of the divine realm.

Avalos suspects that the *šutukku* (ritual hut) may have also served as a therapeutic setting and equates it with the *tarbaṣu* of Gula, also not firmly established as a therapeutic setting. Apart from the possible parallel with a seal from Tell Halaf

---

[8] Avalos cites this reason, although briefly; Avalos, *Illness and Health Care*, 180–81.

[9] VAT 7525; CT 39, 45:28.

[10] A letter from Zimri-Lim warns not to let a servant touch anything for fear of spreading impurity/illness. One should not assume that Mesopotamian medical culture understood contagion in the Western biomedical sense, but rather that the condition of impurity is transferable.

[11] van der Toorn, *Sin and Sanction in Israel and Mesopotamia*; Richard Caplice, *The Akkadian Namburbi Texts: An Introduction* (Los Angeles: Undena Publications, 1974), 9–10; Richard Caplice, "Namburbi Texts in the British Museum," *Orientalia* 34 (1965).

[12] Caplice, *The Akkadian Namburbi Texts: An Introduction.*

depicting a dog sitting atop a hut, he provides no evidence for the *šutukku* as an institutional therapeutic setting.[13] The hut and dog may just symbolize a sacred setting for Gula. There is quite a leap in assuming that any area associated with Gula, or bearing the image of a dog, must automatically serve as a locus of medical therapy. The dog figurines found in some of the rooms in the Temple of Gula at Isin may have been used in therapeutic rituals. Rings are inset in the backs of some of the dogs, raising the possibility that they served as healing or protective amulets. Namburbi texts record the use of such figurines in exorcisms. But the function of the figurines is not entirely clear. Similar figurines were used as prophylactics for doorways.[14] Avalos suggests that the dog figurines represented a thanksgiving ritual to Gula on behalf of the newly cured patient.[15]

There is some discussion in the secondary literature as to the role of temples in health care. There is no archaeological or textual evidence that the temple to Gula at Isin was used as an infirmary housing patients overnight or longer. Growth of the temple was tied to growth of the city's fortunes rather than a need for hospital space.[16] But the temple was not wholly divorced from the process of healing in Mesopotamia. Patients, or someone on their behalf, could seek out divinations concerning an illness at the temple.[17] In addition to the diagnostic role, temples could have been a setting for therapeutic measures. Patients may have sought care that required only a few hours of treatment rather than days. these were essentially outpatient procedures.

---

[13] It should be noted that this image does not bear the word *šutukku*.

[14] LKU 33.

[15] Avalos, *Illness and Health Care*, 205.

[16] Avalos, *Illness and Health Care*, 124.

[17] SST 73; *Šurpu* 2:127.

7.4.2 Characteristics of Interpersonal Interaction

The number of participants during the practitioner-patient interaction varied from two principle actors, healer and patient, to several attendants. *The Poor Man of Nippur* indicates that the *asû's* diagnosis of an illness may be done in the presence of others: "He showed him his bruises where he had thrashed his body. The Mayor said to his servants, 'This physician is skillful!'"[18] We can gather from this that it is not uncommon for a healer to assess his patient in the presence of others. In this case, the other participants are brought in by the patient, not an unexpected situation given that the *asû* is making a house call.

But those in attendance are not exclusively part of the patient's social network. Letters to Assyrian kings give reports of healing ceremonies in which a number of other people participate. K. 821 lists the names of nine men, "standing at the side of the ummanu priest...performing the ceremony in the house of the sick man."[19] This rather cryptic reference leaves it unclear as to whether these nine men are part of the healer's entourage or friends of the sick man. Similarly, an *asû* or other healer will notify the king that the proper rituals will be performed, but with the first person plural form of the verbs.[20]

The presence of other people is not required for every moment during an episode of practitioner-patient interaction. An *asû* may administer therapeutic measures in private. A passage from the same tale tells us so: "My Lord, my remedies

---

[18] Benjamin R. Foster, *From Distant Days: Myths, Tales, and Poetry of Ancient Mesopotamia* (Bethseda, Maryland: CDL Press, 1995), 361.

[19] Pfeiffer 259; see Robert H. Pfeiffer, *State Letters of Assyria*, American Oriental Series (American Oriental Society, 1935), 183.

[20] Pfeiffer 292; 293; 294 uses first singular for the application of a potable medicant.

are carried out in the dark, In a private place, out of the way."[21] In order for this plot element to work on a literary level, the audience must see this episode as reasonably believable; an *asû* could carry out his remedies in private.

Interestingly, Gimil-Ninurta does not need to have an accomplice pose as an assistant in order for his disguise to work. The story indicates that an *asû* commonly worked without an entourage of assistants or even students. Other literary references reinforce the idea of healers working alone. In the story *Why Do You Curse Me*, the priest of Gula at Isin[22] treats a man for a dog bite; no mention is made of any other attendants, nor is he accompanied by anyone when traveling to Nippur.[23]

Both the medical texts and the literature of Mesopotamia indicate that a healer worked episodically with patients, with interaction limited to the period when a person understood himself to be ill. There is no record of regular visitation to a temple of Gula, nor a course of scheduled visits from an *asû* or *āšipu* as a form of preventative medicine. The length of treatment during an illness also appears rather short when viewed from the perspective of the medical texts.[24] AMT 18 gives directions for the prescription's use over three days, plus washing on the fourth day.[25] Directions for the *āšipu* in TDP do not mention a specific length of time for treatment. There are numerous references to a particular illness being of long duration before the patient

---

[21] Foster, *From Distant Days: Myths, Tales, and Poetry of Ancient Mesopotamia*, 361.

[22] As a priest of Gula and functioning as a healer, the man is assumed to be an *asû* who commonly invoke the name of Gula in letters.

[23] Foster, *From Distant Days: Myths, Tales, and Poetry of Ancient Mesopotamia*, 363–64.

[24] AMT 286, see R. Campbell Thompson, "Assyrian Prescriptions for the Head," *AJSL* 54, no. 1 (1937): 16; AMT 26, see R. Campbell Thompson, "Assyrian Medical Texts," *Proceedings of the Royal Society of Medicine* 17, no. 2 (1924): 24.

[25] Thompson, "AMT," 19.

either dies or recovers but no mention of the *āšipu* treating the patient for that duration.

Correspondence between the king and a healer may count as a form of continuous interaction between patient and practitioner. But the imprecise dating of the correspondence makes it difficult to establish an accurate time frame for the treatment. Like the medical texts, the cases referred to in the letters suggest that the time of interaction is restricted to the duration of an illness. There was no habitual correspondence focused on health maintenance of the king or his retinue.

In comparison with other ancient Near Eastern cultures, the Mesopotamians did not overly concern themselves with writing down the aspect of time in relation to health care issues. The occasional references to a duration of treatment or illness show that time did play a role but, for an as yet unknown reason, it was regarded as an easily understood or assumed quantity, one not worth recording.

The episodic nature of the interaction indicates such consultations did not happen as part of the regular activities of an individual and therefore can be classified as formal in nature. Despite the possibility of a healer's assignment to a work site, it seems that the workers did not undergo any regular health evaluation. Most likely, the healer stayed "on call" in case of an accident or other emergency. The proximity of healers to the workers may have provided an opportunity for informal consultation, but this is not recorded. Similarly, the reported interactions of the *asû* and *āšipu* with patients show a formal relationship. Even royal letters seek out the expertise of various healers with a deference to their power and authority in a particular situation. From such evidence, we can ascribe a level of professionalization to the *asû* and *āšipu*. The legal and political authorities back the healers' practices. These healers also function within the religious authorities. Such a connection to the divine realm, whether they

are directly or indirectly associated with a particular temple, further enhances the professional status of the *asû* and *āšipu.*

A lack of evidence from the patient's perspective limits our assessment of the attitude characterizing the interaction; we can only discern the attitude of the healer. Kleinman attempts to distinguish between the attitude of the healer as viewing the patient as an opportunity to prove a god's power or as a possible threat to the community's belief in that power. The sources reveal that Mesopotamian healers worked with confidence in their abilities and the powers of the deities. *Šarru belī iqabia ma ata šikin murṣia anniau la tamar bulṭešú la tepaš ina paniti ina pan šarri aqṭibi sakikešú la úšáḫkime* (The king my lord has said, 'Why do you not recognize the nature of this illness of mine, why do you not bring about its cure?' Though I previously spoke to the king, I did not explain of his rheumatism).[26] The *asû*, Arad-Nana, addresses the king's concerns but excuses himself by claiming he simply had not given complete information in the first encounter. Arad-Nana did not lack any ability in making a diagnosis. Similarly, the *āšipu*, Marduk-šakin-šum, displays confidence in the gods effecting a recovery and consequently his own ability to give a prognosis as we can see in the passage, *ašur šamaš bêl nabû šulmu išakunu* [sic]....*murussu uṣa* (Ashur, the god Shamash, the god Bel, the god Nabu will establish good health....His illness will leave).[27] For both types of healers, a patient's illness provides opportunity to display the power of the gods and their earthly representatives.

---

[26] Pfeiffer 286.

[27] Pfeiffer 285.

7.4.3 Idiom of Communication

The Mesopotamian healer describes the mode of illness as a form of possession or attack by an entity from the divine or spiritual realm. Treatments then are designed to expel the malignancy. This may be a physical process necessitating *materia medica*, or expressed with an emphasis on the supernatural aspect, with treatments taking the form of amulets, prayers and rituals. Many of the medical cases, however, do not specify the cause of an illness; they simply describe pertinent symptoms followed by a list of the ingredients and how to apply the treatment (poultice, ingestion or fumigation).[28] It is not clear if the therapy works on a mechanical basis, such as the irrigation and balance models of Egyptian therapeutics. One must guard against the assumption that natural etiologies in the form of injuries use physical therapies whereas internal disorders are supernatural and require amulets, prayers and rituals. Even when a natural etiology seems obvious, as in the case of a blow to the face, the supernatural can play a significant role. "If a man is struck with a blow on the face, and its surrounding (flesh) poisons him, the result (being) a [swe]lling...A demon of foul water [has attacked (him)]."[29] Similarly, incantations that are listed with poultices and beverages for the cure of a blow to the body[30] link the natural and the supernatural worlds. Such passages indicate that the mode of communication relies upon the idea of attacks or possessions with the treatments described as expulsion or cleansing.

The strong association of the natural and supernatural in the mode of communication shows that the explanatory model used by Mesopotamian healers rests

---

[28] Thompson, "Assyrian Prescriptions for the Head."; R. Campbell Thompson, "Assyrian Prescriptions for the Head," *AJSL* 53, no. 4 (1937): 217–38.

[29] K. 2418+2465+Rm. 141+S. 1397 in Thompson, *AMT*, 77, 28; translation from R. Campbell Thompson, "Assyrian Prescriptions for Treating Bruises or Swellings," *AJSL* 47, no. 1 (1930): 2–3.

[30] K8789 in Thompson, *AMT*, 60.

on the idea that illness is a form of communication between humans and the divine. The supplicant tone of incantations reveals the communicative nature of the explanatory model, "O, you who are angry, [wrathful], raging, murderous, stubborn, powerful, hard, evil, hostile: except Ea, who shall appease you, except Marduk, who shall calm you. May Ea appease you, may Marduk calm you."[31] An unknown entity has made its anger known through illness. Through the incantation, the healer/patient speaks back to the entity as well as to the gods Ea and Marduk. Not only is there communication between humans and the divine, but there is also a request that the divine entities communicate among themselves, on behalf of humans.

The communicative nature of the explanatory model is not limited to the practices of the *asû*; the *āšipu* also sees illness as a method of communication between humans and gods. This is most evident in TDP where the *āšipu* is instructed as to the meaning of various signs, even before he reached the house of the patient. One can understand that the message conveyed through illness originated with the divine by the often-used diagnosis of *qāt* DN (hand of a god). The occasional use of *qāt amīlūti* (hand of man) does not detract from the communicative nature of illness.[32] Rather, the message originates with another human who has the ability to manipulate supernatural forces.

Illness is not a private matter between the one sending the malignancy and the one receiving it. Anyone can see a person's affliction, and any god can intervene for the patient. The message is public, allowing the community to have a voice in a person's health status and how he should be treated. The community can exert pressure on him, influencing what type of healer to consult.

---

[31] S. 385+S. 757 in Thompson, *AMT*, 86; translation from Thompson, "Assyrian Prescriptions for Treating Bruises or Swellings," 12–13.

[32] René Labat, *Traité akkadien de diagnostics et pronostics médicaux* (E. J. Brill, 1951), 176–77.

7.4.4 Clinical Reality

Mesopotamian healers are often divided between the sacred, the *āšipu*, and the secular, the *asû*. In clinical reality, both types of healers blended the sacred and secular. According to the various cases in the medical texts,[33] the *asû* would assess the physical symptoms and then prescribe treatments consisting of various *materiae medicae* as poultices, ingested, or applied in some other method. The majority of cases simply list the practical details of an illness and rarely make mention of the cause. Such practices have led to the assumption that the *asû* had a purely secular focus in his patient care, akin to modern western biomedical clinical care.

According to Ritter, the *asû* practices "without reference to a more general system of notions."[34] It seems highly unlikely, however, that the *asû* functions without a basis for his actions within the cultural system. Although the *asû* did not directly serve within religious or temples structures, some cases make mention of the "power of an oath" as a form of disease causation. This indicates that the *asû* understood a religious etiology for illness and health, at least in some cases. In addition, Ritter notes that incantations are not the sole property of the *āšipu,* but are used with some frequency by the *asû*. This again strengthens the *asû*'s connection to the wider religious culture.[35]

Lately though, the facile translation of *asû* as physician has come under question.[36] Cases in the medical literature as well as royal correspondence with an *asû* shows that the *asû*, during clinical care, would often reference the supernatural or

---

[33] See AMT, BAM, and KMI.

[34] Ritter, "Magical- Expert (āšipu) and Physician (asû)," 302.

[35] Ritter, "Magical- Expert (āšipu) and Physician (asû)," 309.

[36] Scurlock, "Physician, Exorcist, Conjurer, Magician."

religious elements of Mesopotamian culture. Such use of the sacred could appear either in therapeutics as amulets and incantations, or in the diagnosis, i.e. the *qāt* DN. Similarly, the *asû* was not averse to sharing patient care with an exorcist (*bārū*).[37] Patients also appear comfortable with the idea of the *asû* and exorcist (*mašmâšu*) working together.[38]

The *āšipu*, by contrast, seems much more focused on the sacred aspect of healing. He uses signs, such as seeing a potsherd in the street while walking to the house of a *marṣu* (sick man),[39] as the basis for his diagnosis and prognosis. But, to some extent, the *āšipu* does assess the physical condition of his patient; the same tablet of TDP warns that if the *marṣu*'s right thumb is rigid, he will die. Although the text gives no other symptoms by which a physician may make a diagnosis, the *āšipu* only needed this terse direction for a prognosis. Other signs use an event seemingly disconnected from the patient. Another case in TDP claims that the *marṣu* will die after three days if a snake falls on his bed.[40] One can consider the signs of the potsherd and the snake as external to the patient, whereas a rigid thumb is integral to the patient. But the external and integral signs should not be divided in terms of sacred/supernatural and secular/natural. The *asû* and *āšipu* both assess the patient with the understanding that the body's health or illness is a communicative tool. To his end, the patient's body as well as his environment bridge the sacred and the secular.

Thinking of the *asû* as a secular healer and the *āšipu* as a sacred one artificially draws a line between the concepts of disease and illness that was not valid for

---

[37] Pfeiffer 286.

[38] Pfeiffer 283.

[39] Labat, *TDP*, 3.

[40] Labat, *TDP*, 9.

Mesopotamian health care. Ritter attributes to the *asû* a "practical grasp" of the patient's illness; an illness is viewed only in terms of its "presenting symptoms and findings." Ritter assumes that the *asû*'s lack of distinct diagnosis and/or etiology, in comparison to the *āšipu,* indicates that the *asû* works in a parallel fashion to the western biomedical practitioner. She assumes that since the modern practitioner omits any reference to supernatural causes, a similar omission in records concerning the *asû* must mean none is actually recognized by him. Using the term disease separates the affliction from the patient. It is foreign to the patient and absolves the patient of any culpability in his affliction. Illness integrates the patient's behavior with the affliction. Since both the *asû* and *āšipu* understand a patient's affliction as a message from the divine, the clinical distinction between disease and illness becomes moot. Every affliction, whether treated by the *asû* or *āšipu* is a case of illness, not disease.

Clinical reality is often described in terms of instrumental (somatic) or symbolic intervention. Mesopotamian healers used both instrumental intervention in the form of physical or pharmacological treatments and symbolic intervention by way of ritual and incantation. The *asû* concentrated more on the instrumental aspect of healing. This makes sense considering that he understood the message from the divine in terms of physical symptoms. It would only be logical that when the *asû* communicated back to the divine, as healing would necessitate, that he did so through physical means. The *āšipu* emphasized the symbolic method of treatment. Since he understood illness by looking at symbols/signs used by the divine, he therefore used symbols to communicate with the divine. The *asû* and *āšipu* were not hemmed in by their respective tendencies. An *asû*, always mindful of the divine element in illness and healing, could have resorted to symbolic treatments as a method of communication. There are occasional directions for the *asû* to fill a leather pouch with

oils to hang around a patient's neck much like an amulet. Similarly, the *āšipu* may have called for the instrumental or pharmacological expertise of an *asû* when communicating with the divine.

Ritter asserts that since "therapeutic devices function successfully innumerable times in *asûtu* without benefit of *šiptu*, we must assume that the incantation is dispensable."[41] This perspective may not be true. Another answer as to why incantations do not appear frequently in texts directed at the *asû* may be because of their commonality; recording the incantation would be superfluous. The role of literacy in Mesopotamian society may have obviated the need to write every detail of every case. Such ubiquitous recordings in our own medical culture is as much a result of legal and economic considerations as of scientific preciseness on the part of a physician.

Therapeutic expectations in Mesopotamian medicine most likely derived from a confluence of factors, and not just the direct interaction between the practitioner and the patient. One would assume that the *asû*, dealing primarily with the physical aspects of illness, would focus only on the interaction of the practitioner and patient. Looking solely at the medical literature, one may understand the *asû* as an authority who declares an illness and a required course of treatment. But, a clearer picture of therapeutic expectations can be found in royal letters. Here, we see the process of negotiation characteristic of multiple influences. Arad-Nana, an *asû*, admits to the king that he had not fully explained the illness and that a second opinion may be sought from a *bārû*.[42] Similarly, Adad-shum-usur, possibly an *āšipu*, reassures the king that the medicine sent for the prince's illness is the correct treatment and, to be safe,

---

[41] Ritter, "Magical- Expert (āšipu) and Physician (asû)," 312.

[42] Pfeiffer 286.

proposes that slaves should test it first.[43] In both cases, the therapeutic expectation is agreed upon by referring to the influence of someone other than the practitioner or the patient. The *asû* accepts the influence of a *bārû* and the king is asked to look for reassurance from the actions of his slaves. Since the correspondence of Adad-shum-usur is to the king, not the sick prince, this further indicates that the patient's social network (in this case family) is instrumental in determining the therapeutic expectation.

The locus of responsibility for care can fall either on the healer or the patient; in some cases both seem to share equally. Numerous letters from a healer to the king describe the therapeutic measures to be taken in cases of illness. The directions call for rubbings and/or the ingestion of medicinal substances to be carried out by the king, or presumably his servants.[44] This indicates that the locus of care is primarily with the patients. The patient is not directed to a special facility in which health care practitioners will then perform the necessary therapeutics. But this does not mean that responsibility for therapy lies solely in patient compliance. The same letter will often assure the patient that the healer will visit for the purpose of instructing the immediate care givers in the proper therapeutic techniques.[45] Other letters describe how the healer will carry out the necessary treatments, either directly with the patient[46] or as a ceremony on behalf of the patient, but not in his presence.[47]

---

[43] Pfeiffer 294.

[44] Pfeiffer 286; 288; 290.

[45] Pfeiffer 286, rev, l. 13, "*liruba lušaḫkim*"; Pfeiffer 290, rev. ll. 19-20, "*alak ina libbi lu-(sic)-šaḫkim úma šulmu lášme.*"

[46] Pfeiffer 291; 295.

[47] Pfeiffer 292; 293.

7.4.5 Therapeutic Stages and Mechanisms

It seems that Mesopotamian medicine follows the typical tripartite stages found in many cultures. The patient receives a label, *marṣu* (sick), which is manipulated by the use of instrumental and/or symbolic intervention. Eventually, he receives a new label. Although the actual relabeling "cured" does not appear in many of the cases, it is implied by the use of phrases such as *marṣu šu iballuṭ* (that sick one will get well).

From the available sources, it is difficult to determine the exact cause of change in the patient. We can only assume that in successful cases the patient underwent a physical change at least at the level of symptom relief if not the eradication of its underlying cause. We can also assume a degree of psychological change. A person's perception of himself and how he interacts with his community and/or cosmos would understandably alter as he shifts his status from healthy to sick and back to healthy again. A hint of such psychological changes may be found in letters that assure the king that his illness is not caused by a sin.[48] We can imagine a situation in which the illness triggered moments of doubt for the king that he has committed an offense either in his role as king or in his direct relation to the gods. The *āšipu* reassures the king that this is not the case, thus creating another psychological change back to confidence or normality as part of the healing process.

Kleinman advocates assessing the therapeutic stages from the patient's perspective; did he adhere to the treatment and what did he think of the therapy's efficacy? Such an assessment is not possible for the Mesopotamian patient because of the paucity of records concerning the patient's point of view. A few letters do indicate a level of apprehension. There seems to be some doubt concerning the efficacy of a prescription; *šammu ša šarru belī išpuranni damiq adaniš bid šarru belī iqbuni qallê*

---

[48] Pfeiffer 285.

amute niḫarrub nišaqqi ḫarame-ma mâr šarri lissi (the plant/drug of which the king my lord sent a message is of good quality; as the king my lord commanded in all haste we will give it to the slaves to drink and the son of the king may drink).[49] From such a brief glimpse of the patient's attitude (or the father of the patient), we cannot decisively determine his attitude towards the healer. The frequent appearance of these healers in the royal correspondence leads to the conclusion that the apprehension was easily overcome and prescribed therapies were followed.

7.5 Specialists

Unlike Egypt, the Mesopotamian health care system lacks a tradition of specialists. Although healers appear with a variety of titles (*asû*, *āšipu*, *azugallu*, *bārû* and *mašmašu*), any perceivable division among the healers derives from a bureaucratic structure rather than particular medical practices. A loose structure can be ascertained from the titles *azugallūtu* (chief physician), *azugallatu* (chief woman physician) and *šangu* (chief administrator for a temple). Some distinction as to specialized practices might be made with regard to the *bārû*, noted as a person who checks bandages.[50] But this one account is not sufficient to classify all *bārû* as specialists for bandaging. More than likely, the reference to *bārû* checking bandages comes from the meaning "to watch or keep an eye on" rather than specialized knowledge of bandaging particular only to the *bārû*.

---

[49] Pfeiffer 294.

[50] AMT 105:21.

7.5 Remuneration

Mesopotamian healers received remuneration in one of four basic methods: fee-for-service, salary, capitation or case-payment.[51] The medical texts themselves do not mention any method of payment. The Code of Hammurabi, laws 215-217, establishes a fee scale for the *asû* that is dependent upon the status of the patient (free man or slave) and the procedure. Yet, in the tale *Why Do You Curse Me*, the priest of Gula does not set a price; rather, the patient offers a feast in his home city.[52] This indicates that a barter system was acceptable among healers; payment in specie was not required. Such evidence is not necessarily in conflict. One must remember that Mesopotamian law codes do not function in the same manner as a modern legal code. Mesopotamian law codes embody traditions. Their issuance established the king as a just ruler, and the act of copying the codes may have served to educate Mesopotamian legal personnel, but one was not required to adhere to the codes exactly.[53] Thus, the patient and healer would be free to negotiate the price in a fee-for-service scheme, including the option of barter.

One cannot easily distinguish between fee-for-service and case-payment in the available sources. The phrasing in CH 215-220 indicates a particular service such as "opening an eye socket" that would speak to a fee-for-service situation. But CH 221 describes the *asû* as having "healed a sprained tendon,"[54] which may be interpreted as an occasion for case-payment. The similarities between fee-for-service and case-

---

[51] See ch. 5, Health Care Personnel, §5.3.

[52] Foster, *From Distant Days: Myths, Tales, and Poetry of Ancient Mesopotamia*, 363.

[53] Samuel Greengus, "Legal and Social Institutions of Mesopotamia," in *Civilizations of the Ancient Near East* (Peabody, Massachusetts: Hendrickson Publishers, 1995), 469–84.

[54] Translations from James B. Pritchard, *Ancient Near Eastern Texts Relating to the Old Testament* (Princeton, New Jersey: Princeton University Press, 1969), 175.

payment make either one a possibility as a frequent method of remuneration. The only argument against case-payment is the infrequency of cases in the medical literature that call for a re-evaluation of a patient's condition. Since evaluations are separate, we can infer that payment was done for each one instead of a single payment for the entire healing process of one illness. But, this line of reasoning is not fool-proof, especially in light of the royal correspondence. Here, we have situations in which the healer repeatedly addresses a particular illness. One can equally infer that the healers were not paid until the illness was resolved, i.e, case-payment, and not for each epistolary consultation. At best, we can conclude that Mesopotamian healers were paid either by fee-for-service or case-payment depending on the particular arrangements for each episode of illness. A standardized method of remuneration does not seem to have existed. Patient and healer could have chosen from a variety of methods as long as both agreed it was fair compensation.

Unlike the official pay schedules found for Egyptian healers attached to work sites, no such documentation exists for the Mesopotamian healer. Thus, one can not confidently make an argument for the salary method of remuneration. Letters between the king and the *asû* or *āšipu* indicate that the healers were not necessarily housed in the palace. This may mean they were paid separately on a fee-for-service/case-payment basis rather than receiving a salary as part of a court entourage. Additionally, we can rule out capitation as a typical method of remuneration, since no mention of such practices has come to light. The lack of a specific time component in the medical texts as well as in correspondence and other literary sources speaks against time being a factor in method of payment.

7.7 Education

Little is actually known about the education of Mesopotamian healers. One theory holds that many healers were trained in a school such as the "Faculty of the town of Isin."[55] Isin was noted for its temple to Gula, the goddess most commonly associated with healing practices. The link between Isin and healers appears also in literature, such as *The Poor Man of Nippur*, in which Gimil-Ninurta, disguised as an *asû*, claims to be from Isin. But these associations do not conclusively prove that a medical school with set examinations[56] existed at the temple of Gula or anywhere else in Isin. Undoubtedly, the reputation of healers from Isin speaks to some type of training taking place there, but this may just as well have been an experienced *asû* acting as a master, passing on his technical knowledge to disciples, without recourse to a school akin to the modern medical college and licensing system. A master-apprentice system would also account for the training of healers geographically removed from the temple of Gula at Isin.

Despite Biggs's dismissal of stories such as *Why Do You Curse Me*, they can illuminate the education/training of healers. As Foster points out in his commentary on the above mentioned tale, a priest of Gula (it is not clear if he is an *asû* or *āšipu*) is expected to have a basic level of knowledge concerning languages in addition to his healing arts.[57] The healer is thought of in Mesopotamian society as an erudite person, and not just a technician following traditional procedures. The priest's inability to understand Sumerian also shows that this expectation is not always accurate. Such a

---

[55] Bottéro, "Magic and Medicine," 163.

[56] Contra Biggs, see Robert D. Biggs, "Medicine, Surgery and Public Health in Ancient Mesopotamia," in *Civilizations of the Ancient Near East* (Peabody, Massachusetts: Hendrickson Publishers, 1995), 1919.

[57] Foster, *From Distant Days: Myths, Tales, and Poetry of Ancient Mesopotamia*, 363.

story indicates that it must have been possible for healers to learn their trade in a technical manner without an extensive, literary based education.

The practices of the *āšipu* may have necessitated a level of literacy not demanded of the *asû*. This theory is predicated on the hypothesis that the *āšipu* as a religious functionary needed to consult extensive omen literature and that he would have undergone the typical scribal education of priests working in a temple. Biggs notes, though, that the *āšipu* could have easily memorized the more common omens, rituals and incantations and not have been trained as a scribe. This would especially hold true for priests working outside of urban centers or the royal court.[58] A lack of evidence definitively attaching the *asû* or *āšipu* to a temple leaves us with the possibility that a number of healers may have been trained through an apprenticeship without any education in literacy. The reputation of the healers as men of learning or wisdom may derive from their skills in healing rather than a formal scribal education.

7.7 Health Care Sector

Given the tendency to label the *asû* as scientific and the *āšipu* as magico-religious, one might want to classify the *asû* as part of the professional sector, while the *āšipu* would fall into the folk or popular sector. A professional status for the *asû* may derive from two sources. First, Esarhaddon consulted an *asû*, thus indicating a royal sanctioning of the *asû*; recognition from a political authority constitutes professionalization. Second, legal codes that delineate the rights and responsibilities of the *asû* show a sanctioning by the legal/political authorities, again conferring professionalization. In contrast, the *āšipu* is not referenced in legal codes. But Esarhaddon's use of an *āšipu* (for the same illness that he consulted an *asû*) makes the

---

[58] Biggs, "Medicine, Surgery and Public Health in Ancient Mesopotamia," 1920.

āšipu sanctioned by the government and part of the professional sector of health care. Similarly, the association of the *āšipu* with temples gives him sanction by the culture's religious authority. This association also speaks to the professional status of the *āšipu*.

A key criterion for classifying a healer in the professional, folk or popular sectors is their use of specialized knowledge, an expertise not readily available to the average person. According to Avalos, the complicated nature of the healing rituals prohibited the patient himself or his immediate social network from carrying out the necessary therapeutic procedures.[59] He sees this mostly as an economic limitation rather than a constraint due to time or expertise. Focusing on the economics of the patient skews the assessment of how healers functioned as part of the larger culture. It draws an overly simplistic picture equating professionalization with financial status. Such a perspective, ignoring the role of expertise, can be misapplied and used to categorize the *āšipu* in the popular sector and in conflict with the *asû*. But the fact that complicated healing rituals must be performed by a special practitioner indicates that the healers were more likely members of a professional health care sector instead of a popular or folk sector. A stronger indication that the *āšipu* practiced from the folk sector of health care would be a conflict between the *asû* and *āšipu*. The evidence does not show any effort on the part of the *asû* to make the *āšipu* subservient or marginalized. Still, Herrero notes that the *asû* has authority over the *āšipu*; the *asû* can take over treatment after failures from the *āšipu* but not the reverse.[60] This assessment would place the *asû* in the professional sector and the *āšipu* in some other subservient category, such as folk. But, the letters of Esarhaddon do not indicate that the *āšipu* has

---

[59] Avalos, *Illness and Health Care*, 218–20.

[60] Pablo Herrero, *La thérapeutique mésopotamienne* (Paris: Editions Recherche sur les civilisations, 1984), 22–23.

failed, and therefore the king seeks aid from the *asû*. There is indication that the king is dissatisfied with the work of the *asû* but nothing with regard to the efficacy of the *āšipu*. The available evidence indicates that the *āšipu* did not work in a position of lower status relative to the *asû* and that the *āšipu* functioned as part of the professional sector than either the popular or folk sectors.

Further bolstering the position of the *asû* and *āšipu* as professionals is the recognition of their ability to diagnose by outside sources of authority. Once the patient is declared ill, he takes on the sick role that relieves him of certain obligations, such as work. Records of sick leave for various Mesopotamian workers attest to the practice of healers declaring someone ill and an outside authority recognizing that diagnosis by allowing sick leave.[61]

To understand the *asû* and *āšipu* as healers in the professional sector, let us contrast them with another type of healer found in Mesopotamian society— the king. We have letters and prayers placing the king in the position of healer.[62] The king is not a professional healer in the same manner as the *asû* or *āšipu*, but there is a recognition that his special position in society, to guide and protect the population as an intermediary with the gods (a priest *ex officio*), translates into the ability to help people with medical issues. This type of expertise is not on a par with the specialized abilities of the *asû* and *āšipu*. As far as we know, the king does not perform rituals, make prescriptions, or otherwise follow the same practices as the *asû* and *āšipu*. His medical

---

[61] NBC 555 AS.01 and NBC 10891 AS.06.

[62] K 577 is a plea from Nergal-sharrani that his healing has not been effective and that the king must act in order for health to return. The supplication only uses *līpuš* with no other indication as to what exactly the king is expected to do. It is assumed that the king is to act as an intecessor with the divine realm on behalf of the afflicted man. A similar situation arises in a Psalm to Ishtar of Assurnasirpal I. Here, the king lists his accomplishments on her behalf and asks her to "drive out" his illness. Assurnasirpal is acting as his own intercessor; see Foster, *Before the Muses: An Anthology of Akkadian Literature*, 239–42.

abilities derive from the public's perception of his role as king. Thus it would be best to classify the king as part of the popular health sector.

The letter from Nergal-sharrani shows that for Mesopotamians the hierarchy of resort does not have to be in the order of popular to folk to professional healers. Rather, any of the three sectors can be consulted if the afflicted feels that another, previously consulted sector, has not helped. The system of health care in Mesopotamia seems to tolerate or allow considerable fluidity between the professional, folk and popular health sectors.

7.9 Conclusion

Much like their Egyptian counterparts, the *asû* and *āšipu* share many traits. Both use the same explanatory model of illness based upon the idea that illness is a divine message and that health depends upon appeasing more powerful supernatural entities. There is no difference between the two types of healers's financial status or their education/training. Both can also be considered part of the professional sector of health care. Given all these similarities, one difference in the practices of the *asû* and *āšipu* did exist; the *asû* focused on instrumental treatments while the *āšipu* resorted to methods of symbolic intervention.

The *asû* at first appears secular in that his focus is on physical symptoms, signs integral to the patient's body, whereas the *āšipu* concentrates on external signs. The key to understanding the clinical reality for the two healers lies in their approach to the body as communicative tool. The question then is how does each type of healer come to understand the message being communicated between the divine and human worlds as expressed by illness. The *asû* approaches the message from the human point of view. He tries to ascertain what the body says about the relationship between human

and divine. This explains the *asû*'s focus on physical symptoms. His method of understanding relations with the divine comes through the patient's body; the message is expressed through physical symptoms. The *asû* then treats the physical symptoms as a means of communicating indirectly with the divine; treat the symptoms in order to heal the illness.

The *āšipu* approaches the message from a different perspective. For him, the world around the patient indicates the position of the divine. The *āšipu* then focuses on the external signs in order to relay or reinterpret the divine message to the patient. His method of treatment uses symbols such as incantations and rituals to communicate directly with the gods. The *āšipu* heals the illness as a way to treat the symptoms. These different approaches to healing strategies do not indicate a competitive or hierarchical relationship between the *asû* and *āšipu*. Instead, both healers work equally within the same society; they draw upon and reinforce the religious values of illness, health and the importance of relationships with the gods.

Chapter Eight

Healers in the Hebrew Bible

8.1 Introduction

For the Hebrew Bible, the act of healing is ultimately attributed to Yahweh. This places the issue of healers in a vague state. They are seen as "divinely empowered agents,"[1] but little else is discussed as to how they functioned in Israelite culture. It is safe to assume, in spite of the Hebrew Bible's silence, and sometimes even hostility, towards healers, that such a class of people existed within the society of ancient Israel. Since Yahweh is the source of all healing, the question is to what extent did the priests and prophets act as the society's healers. Furthermore, does the Hebrew Bible preserve clues to other types of healers?

8.2 Sources

The available information concerning healing in ancient Israel is limited to the Hebrew Bible. Only one inscription survives mentioning a רפא (healer/physician).[2] No manuals of medical cases exist for Israel, as we found in Egypt and Mesopotamia. The Levitical laws pertaining to צרעת (skin affliction) and זוב (discharge) are the closest parallels to the other ancient Near Eastern medical texts. The Hebrew Bible reports only about a dozen distinct episodes of healing that involve an intermediary figure in the role of a healer.[3] Unfortunately, we must infer the practices of ancient Israel from

---

[1] Howard C. Kee, "Medicine and Healing," in *Anchor Bible Dictionary* (New York: Doubleday, 1992), 659.

[2] William Hallo and K. Lawson Younger, eds., *The Context of Scripture:Monumental Inscriptions from the Biblical World* (Boston: Brill, 2003), 200.

[3] Cases will not be addressed in which a person afflicted with an illness prays to God without an intermediary figure, e.g. barren women.

this small sample. To illustrate the anthropological concepts at work in the Hebrew Bible, I will focus my analysis on examples from two stories concerning the prophets, Isaiah[4] and Elisha,[5] and the Levitical laws for the priests. The aim of this approach is to provide detailed case studies, like those done by modern anthropologists observing practitioner-patient interaction.

8.2.1 Isaiah and Hezekiah (2 Kgs 20:1-11)

[1] בימים ההם חלה חזקיהו למות ויבא אליו ישעיהו בן־אמוץ הנביא ויאמר אליו כה־אמר יהוה צו לביתך כי מת אתה ולא תחיה: [2] ויסב את־פניו אל־הקיר ויתפלל אל־יהוה לאמר: [3] אנה יהוה זכר־נא את אשר התהלכתי לפניך באמת ובלבב שלם והטיב בעיניך עשיתי ויבך חזקיהו בכי גדול: [4] ויהי ישעיהו לא יצא העיר התיכנה ודבר־יהוה היה אליו לאמר: [5] שוב ואמרת אל־חזקיהו נגיד־עמי כה־אמר יהוה אלהי דוד אביך שמעתי את־תפלתך ראיתי את־דמעתך הנני רפא לך ביום השלישי תעלה בית יהוה: [6] והספתי אל־ימיך חמש עשרה שנה ומכף מלך־אשור אצילך ואת העיר הזאת וגנותי על־העיר הזאת למעני ולמען דוד עבדי: [7] ואמר ישעיהו קחו דבלת תאנים ויקחו וישמו על־השחין ויחי: [8] ויאמר חזקיהו אל־ישעיהט מה אות כי־ירפא יהוה לי ועליתי ביום השלישי בית יהוה: [9] ויאמר ישעיהו זה־לך האית מאת יהוה כי יעשה יהוה את־הדבר אשר דבר הלך הצל עשר מעלות אם־ישוב עשר מעלות: [10] ויאמר יחזקיהו נקל לצל לנטות עשר מעלות לא כי ישוב הצל אחרנית עשר מעלות: [11] ויקרא ישעיהו הנביא אל־יהוה וישב את־הצל במעלות אשר ירדה במעלות אחז אחרנית עשר מעלות:

[1]In those days Hezekiah became fatally ill and Isaiah, son of Amoz, the prophet came to him and said to him, "thus says the LORD, order your house for you will die and not live. [2]He [Hezekiah] turned his face to the wall and prayed to the LORD saying, [3]Please LORD, please remember that I walked before you in faithfulness with a sound heart and did good in your eyes and Hezekiah greatly weeped. [4]And it happened

---

[4] 2 Kgs 20:1-11 and Is 38.

[5] 2 Kgs 5:1-19.

Isaiah did not go out the middle of the city and the word of the LORD came to him saying: [5]"Return and say to Hezekiah ruler of my people, thus says the LORD, God of your father: I heard your prayer, I saw your tears. Behold, healing you on the third day you will go up to the house of the LORD. [6]I will add to your days fifteen years and from the king of Assyria's hand I will save you and this city and I will deliver this city for my sake and for the sake of David my servant. [7]And Isaiah said: "take a cake of figs" and they took and placed [it] upon the boil and he lived. [8]And Hezekiah said to Isaiah: "what is the sign that the LORD healed me and I will go up on the third day [to the] house of the LORD?" [9]And Isaiah said: "this to you is the sign from the LORD that the LORD will do the thing which he said. Will the shadow go ten steps or turn back ten steps?" [10]And Hezekiah said: "it is trifling for the shadow to extend ten steps but not for the shadow to turn backwards ten steps." [11]And Isaiah the prophet called to the LORD and the shadow on the steps, which had gone down the Steps of Ahaz, He made turn backwards ten steps.

8.2.2 Elisha and Naaman (2 Kgs 5:1-19)

[1] ונעמן שׂר־צבא מלך־ארם היה איש גדול לפני אדניו ונשׂא פנים כי־בו נתן־יהוה תשועה לארם והאיש היה גבור חיל מצרע: [2] וארם יצאו גדודים וישבו מארץ ישׂראל נערה קטנה ותהי לפני אשת נעמן: [3] ותאמר אל־גברתה אהלי אדני לפני הנביא אשר בשמרון אז יאסף אתו מצרעתו: [4] ויבא ויגד לאדניו לאמר כזאת וכזאת דברה הנערה אשר מארץ ישׂראל: [5] ויאמר מלך־ארם לך־בא ואשלחה ספר אל־מלך ישׂראל וילך ויקח בידו עשׂר ככרי־כסף ושׁשׁת אלפים זהב ועשׂר חליפות בגדים: [6] ויבא הספר אל־מלך ישׂראל לאמר ועתה כבוא הספר הזה אליך הנהשׁלחתי אליך את־נעמן עבדי ואספתי מצרעתי: [7] ויהי כקרא מלך־ישׂראל את־הספר ויקרע בגדיו ויאמר האלהים אני להמית ולהחיותכי־זה שׁלח אלי לאסף איש מצרעתו כי אך־דעו־נא וראו כי־מתאנה הוא לי: [8] ויהי כשמע אלישע איש־האלהים כי־קרע מלך־ישׂראל את־בגדיו וישׁלח אל־המלך לאמר למה קרעת בגדיך יבא־נא אלי וידע כי יש נביא בישׂראל: [9] ויבא נעמן בסוסו

וברכבו ויעמד פתח־הבית לאלישע: [10] וישלח אליו אלישע מלאך לאמר הלון ורחצת שבע־פעמים בירדן וישב בשרך לך וטהר: [11] ויקצף נעמן וילך ויאמר הנה אמרתי אלי יצא יצא ועמד וקרא בשם־יהוה אלהיו והניף ידו אל־המקום ואסף המצרע: [12] הלא טוב אבנה ופרפר נהרות דמשק מכל מימיישראל הלא־ארחץ בהם וטהרתי ויפן וילך בחמה: [13] ויגשו עבדיו וידברו אליו ויאמרו אבי דבר גדול הנביא דבר אליך הלוא תעשה ואף כי־אמר אליך רחץ וטהר: [14] וירד ויטבל בירדן שבע פעמים כדבר איש האלהים וישב בשרו כבשר נער קטן ויטהר: [15] וישב אל־איש האלהים הוא וכל־מחנהו ויבא ויעמד לפניו ויאמר הנה־נא ידעתי כי אין אלהים בכל־הארץ כי אם־בישראל ועתה קה־נא ברכה מאת עבדך: [16] ויאמר חי־יהוה אשר־עמדתי לפניו אם־אקח ויפצר־בו לקחת וימאן: [17] ויאמר נעמן ולא יתן־נא לעבדך משא צמד־פרדים אדמה כי לוא־יעשה עוד עבדך עלה וזבח לאלהים אחרים כי אם־ליהוה: [18] לדבר הזה יסלח יהוה לעבדך בבוא אדני בית־רמון להשתחות שמה והוא נשען על־ידי והשתחויתי בית רמן בהשתחויתי בית רמן יסלח־נא יהוה לעבדך בדבר הזה: [19] ויאמר לו לך לשלום וילך מאתו כברת־ארץ:

[1]Naaman, general of the army for the king of Aram became a great man before his lord and he was lifted before them, for in him the LORD gave victory to Aram. And the man, a great warrior, was one who had a skin affliction. [2]And a marauding band of Arameans came out and they captured from the land of Israel a young girl and she became under the eye of the wife of Naaman. [3]And the girl said to her mistress: “Ah that my lord would [go] before the prophet who is in Samaria, then he would remove him from his skin affliction. [4]And he [Naaman] went and told his lord saying thus and thus [that] the girl who was from the land of Israel said. [5]And the king of Aram said: “go and I will send a letter to the king of Israel.” And he went and he took in his hand ten talents of silver, six thousand of gold, and ten changes of clothing. [6]The letter went to the king of Israel, saying and now I sent this letter to you, behold I sent to you my servant Naaman and remove his skin affliction. [7]And it happened when the king of Israel read the letter and he said: “Am I God, to cause death and to cause life, that this was sent to me, to remove a man from his skin affliction? For, please know

and see, that he seeks an occasion to quarrel against me." [8]And it happened when Elisha the man of God heard that the king of Israel tore his clothes and he [Elisha] sent to the king saying: "Why have you rent your clothes? Let him come to me and he will know there is a prophet in Israel." [9]And Naaman came with his horses and with his chariots and stood at the entrance to the house of Elisha. [10]And Elisha sent to him a messenger saying: "go and bathe seven times in the Jordan and your flesh will be returned to you and be clean. [11]And Naaman became angry and went out and said: "behold I thought he would go out indeed and stand and call in the name of Yahweh his god and wave his hand on the spot and remove the skin affliction. [12]Are not the Amanah and Pharpar and the rivers of Damascus better than all the waters in Israel? Could I have not bathed in them and be clean?" And he turned and went with wrath. [13]And his servants met him and they said to him saying: "my master, [if] the prophet spoke a great word to you, would you not do [it]? And also when he said to you wash and be clean." [14]And he went down and dipped in the Jordan seven times as the man of God said and his flesh return as the flesh of a little baby and he was clean. [15]And he returned to the man of God, he and all his camp and he came and he stood before him and said: "please behold, I know that there is no God in all the land except in Israel. And you will please take a gift form your servant." [16]And he [Elisha] said: "The LORD lives whom I stand before him, I will not take." And he strongly urged him to take and he refused. [17]And Naaman said: "at least give to your servant two yoked mules loaded with earth for your servant, he will never make a burnt offering or a sacrifice to other gods except to the LORD. [18]For this thing may the LORD pardon your servant, when my lord comes to the house of Rimmon to bow down there and he leans on my arm and I bow down [in] the house of Rimmon, when I bow down [in] the house of Rimmon, may the LORD pardon your servant in this thing. [19]And he [Elisha] said to him: "go in peace." and he went from him a distance of land.

8.3 Translation

In the Bible, there is no class of healers designated by a specific term, such as *swnw* or *asû*. Instead, health issues, for the most part, come under the supervision of priests and prophets. There are references to the רפא (one who heals), but it does not carry the same connotation of professionalism as the Egyptian and Mesopotamian terms appear to indicate.

The Hebrew Bible refers to healers from other cultures by the term רפא rather than a title specific to that other culture. We see this in the term הרפאים rather than something along the lines of *wt* (bandager/embalmer) in Gen 50:1-2. Since the title appears infrequently in the Bible, one may have the impression that it usually refers to healers acting without the authority of God. Kee notes a change from negative to positive in the Hebrew Bible's attitude towards the רפא after the spread of Hellenism in the area.[6] Kee claims that the older passages of the Hebrew Bible typically condemn the practices of רפא, but by the time Wisdom of Ben Sira was composed (early second century BCE), the רפא heals by divine authority.[7] The more pejorative references to the רפא in the older passages of the Hebrew Bible may in fact be admonitions against using the healers of the surrounding cultures. This idea is reinforced by passages such as Elijah's declaration that King Ahaziah will die since he inquired of Baal-zebub of Ekron rather than Yahweh about his health.[8] But the use of רפא in the imagery of Yahweh as healer[9] speaks against its exclusive use as a pejorative term.

---

[6] Kee, "Medicine and Healing," 661.

[7] Sir 38:15.

[8] 2 Kgs 1:1-4.

[9] Exod 15:26.

Priest in this study is an inclusive term. We shall not overly concern ourselves with divisions between Mushite, Aaronid, and Zadokite priests, nor the distinction between priests and Levites.

8.4 Practices

To better understand how priests and prophets fit into Israelite medical culture, let us break down their practices into categories delineated by medical anthropology. Kleinman's classifications will highlight how priests and prophets used the same explanatory model of illness, but resorted to different healing strategies. Like the *swnw* and *asû*, the priest focused on the physical symptoms of an illness and its meaning for the human community. The prophet acted in much the same way as the *wʿb* priest and the *āšipu* in his concentration on the divine message represented by the illness.

8.4.1 Institutional Setting

There does not appear to be one institutional setting for health care in ancient Israel. Both priests and prophets make housecalls as well as have the sick come to them. The Hebrew Bible, however, mostly depicts prophets as making house calls. It is difficult to determine if this is a preference of the prophet or a result of the patient's inability to move[10] or royal status.[11] In the case of Isaiah and Hezekiah, the institutional setting appears to be in the palace of Hezekiah. The king turning his face to the wall could be interpreted as him being bed-ridden. The prophet's assessment of Hezekiah at the palace may also indicate his social status. As a king, healers would be

---

[10] 1 Kgs 17:17-24; 2 Kgs 4:17-37.

[11] 2 Kgs 20:1-11.

brought to him. This is in keeping with other ancient Near Eastern cultures where social elites are visited by healers rather than the other way around.[12]

Naaman, an elite but not necessarily a royal figure, seeks healing in a typical Mesopotamian fashion. First, a letter is sent to the king of Israel, ואספתו מצעתו (that you may remove him [Naaman] of his skin affliction).[13] Petitions to the king for healing appear in Assyrian letters from the seventh century BCE.[14] The letter not only asks for the Israelite king's help, but indicates that Naaman will arrive soon. Naaman expects the institutional setting of healing to be the king's palace. Once the misunderstanding of who will handle Naaman's illness is corrected, Naaman proceeds to the house of Elisha. In this case, the prophet does not make a housecall. The likely reasons for this may be the fact that Naaman is an Aramean, an outsider, rather than an Israelite as well as Naaman's non-royal status. Yet, the interaction between Naaman and Elisha does not take place in Elisha's home either. Naaman is kept outside, to be addressed only by a messenger.[15] This reinforces the idea that Elisha is superior to Naaman while also conveying the message that the healer does not need to make a physical examination in order to prescribe an effective therapy.

Similarly, priests can make house calls or not as the situation warrants. When examining a patient to determine whether he is טהר (clean) or טמא (unclean), a priest most likely would not be inside the Temple. The possibility of being טמא would run

---

[12] Robert H. Pfeiffer, *State Letters of Assyria*, American Oriental Series (American Oriental Society, 1935), 196–206.

[13] 2 Kgs 5:6.

[14] See ch. 7, Mesopotamian Healers; Steven W. Cole and Peter Machinist, eds., *Letters from Priests to the Kings Esarhaddon and Assurbanipal*, State Archives of Assyria (Helsinki: Helsinki University Press, 1998), 64.

[15] 2 Kgs 5:10.

the risk of polluting the sacred space. The examination may occur in an outer courtyard that could tolerate such pollution, but there is no direct evidence of such an area being used for an examination. The direction in Lev 13:49 calls for affected items והראה את־הכהן (be shown to the priest) but does not specify where this takes place. This could be interpreted in two ways. First, that the patient must go to the priest, perhaps an outer courtyard. The second interpretation relies on the fact that affected items and people must be הסגיר (caused to be shut away), it is natural to think that the priest carries out the inspection wherever the person or item is being held in isolation. The idea of the priest making a type of house call is reinforced by the direction ויצא הכהן אל־מחוץ למחנה (and the priest will go out to the outside of the camp),[16] indicating that the priest goes to the quarantine site.

The Temple is not used as an institutional setting to impart a sense of the priest's authority during patient-practitioner interaction. The power of the Temple is preserved when the priest goes to the afflicted. Unlike the western hospital, designed to create a feeling of isolation within the patient, the ancient Israelite experiences isolation by being prohibited access to the Temple and the community at large. The patient must then follow the priest's directions in order to be reintegrated with the community and the Temple.

For most of the cases in the Hebrew Bible, the home serves as the usual institutional setting for health care. Several stories indicate that a person stays in bed at home when first identified as sick.[17] This practice also gives a glimpse into the hierarchy of resort and the locus of responsibility for ancient Israel. Before consulting an authority, such as a priest or prophet (professional or folk health care), conferral of

---

[16] Lev 14:3.

[17] 1 Sam 19:13-15; 2 Sam 13:5; 2 Kgs 4:18-20, etc.

the sick role first occurs within the family, with women taking on the initial role of healers (popular health care).

Whether an Israelite seeks aid in the popular, folk, or professional sector, health care typically is administered in the home rather than another more institutional setting. The setting varies depending on the specific treatment for an illness. For example, the curing of Naaman's skin affliction takes place at the Jordan. But even when the patient is removed from his home, healing is not carried out in a place specifically designed for the administering of health care. Either he is removed from the community altogether, mirroring his precarious religious status, or his cure is tied to a place symbolically significant to the community's religious practices. Healing, in essence, takes place with an awareness of one's relationship to the קהל (community).

8.4.2 Characteristics of Interpersonal Interaction

8.4.2.1 Number of Participants

There appears to be no limit to the number of participants during a prophet's healing activity. The text indicates that attendants are present during Isaiah's second visit to Hezekiah. Isaiah's command to bring fig-cakes indicates attendants: קחו דבלת תאנים ויקחו וישׂימו על־השׁחין (bring fig cakes, let them apply it to the boil).[18] But it is not clear with whom they are associated. Most likely they are some type of retainers for Hezekiah, allowed to be present when Isaiah makes pronouncements.

The story of Naaman and Elisha provides more information concerning the number of participants. The narrative indicates five to six people participating in the healing of Naaman's skin affliction, apart from Elisha and Naaman themselves. This

---

[18] 2 Kgs 20:7.

includes the Israelite slave of Naaman, her mistress (Naaman's wife),[19] the king of Aram, the king of Israel, a servant of Elisha, and finally, the servants of Naaman.[20] The participants can be divided into two groups, the social network of Naaman and the personnel of Elisha. The participants associated with Naaman demonstrate the importance of his social network, especially with regard to therapy compliance. The actions of Elisha's servant magnify the healer's power and authority to the patient.

In the Levitical passages, it appears that only two people are present: the priest and the individual whom he is inspecting.[21] Since it was determined that the priest most likely carried out his inspection at the home of the afflicted, it would be reasonable to expect other people in attendance, namely the afflicted's family. But since the Hebrew Bible makes no mention of the afflicted's family, we must conclude that P does not see them as having an integral role in the interaction between the priest and the patient. There is no report of the priest being accompanied by any other Temple personnel. Limiting the interaction to two people reinforces the authority of the priest in the role of determining the status of the patient. The priest as representative of the Temple and Yahweh is backed by the culture's religious authority, whereas the afflicted merely has his own voice.

During the sacrifices, the number of participants can vary. In the case of childbirth, the new mother must bring the appropriate sacrificial animals, and the priest will make the sacrifice on her behalf, thus limiting the apparent number of

---

[19] If one assumes the wife conveyed the slave's idea to Naaman, she can be counted too.

[20] For simplicity, I count messages sent from Elisha as the activity of one person rather than assuming a different person for each episode, 2 Kgs 5:8, 10. Also, despite 2 Kgs 5:13 using the plural form עבדיו, I count the servants of Naaman as one unit.

[21] Lev 12-15.

participants to two.[22] In the case of leprosy, the priest orders the slaughter of the sacrificial animals and then, with the afflicted present, will make the sacrifice on his behalf.[23] It is not clear how many people are involved, but one can assume a minimum of three: the priest, the afflicted, and he who carries out the slaughter. The introduction of the third person does not detract from the authoritarian role of the priest, since he seems to be an attendant working under the direction of the priest.

8.4.2.2 Time of Interaction

The time of interaction for the prophets can be considered episodic on an as-needed basis. Isaiah appears twice to Hezekiah in order to make prognoses. The duration of each episode is brief, but this might be the curt literary style of reporting narrative elements in both Isaiah and 2 Kings. The duration of the fig-cake treatment might have been three days. Directions are not provided as to how long the application is to take place, but the discussion of "going up on the third day to the house of the LORD" can be used to measure the length of treatment.[24]

Similarly, the interaction between Naaman and Elisha is episodic; it is limited to the duration of Naaman's illness. Yet, the two do not meet face-to-face until after Naaman is healed. The Bible reports Naaman is to bathe seven times in the Jordan; the length of time between the prescription and the final healing of Naaman is not reported. It could be from one day to a week. There is no direction as to whether Naaman should bathe once a day, or if he can take his dips one immediately following another.

---

[22] Lev 12:6-7.

[23] Lev 14:4-11.

[24] The specification of three days is only found in 2 Kgs 20:8.

For the medical activity of the priests, with regard to declaring an individual clean/unclean and performing the appropriate sacrifices, the time of interaction is also episodic. The Levitical laws direct the Israelites to come before a priest as certain physical symptoms necessitate. The Hebrew Bible does not mention a regularly scheduled inspection of the population. The duration of contact during a particular case vary. Some cases are broken down into seven day segments. If someone is declared unclean, he is to be isolated for seven days. If the patient is still unclean after the initial seven days, another period of isolation for seven days is imposed.[25] Additionally, there is a one-day waiting period.[26] The shorter duration of uncleanliness is for those who come into contact with the original impurity undergoing the seven-day isolation.[27] An exception to this in the case of a woman's discharge. Depending on the circumstances, the period of uncleanliness can be until evening or seven days.[28]

8.4.2.3 Formal or Informal Quality of Relationship

The characterization of a formal or informal relationship is closely linked to a healer's status as part of the professional, folk, or popular sector of health care. Ideally, one should be able to classify the relationship as formal or informal in order to determine the sector of health care for the healer. But, as we shall see, the use of formal and informal to determine the health care sector is fraught with difficulty when dealing with medical systems that operate differently from the western biomedical model.

---

[25] Lev 13:4-6, 31-33, 50-54.

[26] One day typically means the length of time from dawn until sundown and not necessarily the passing of a twenty-four hour period.

[27] Lev 14:46; Lev 15:4-12.

[28] Lev 15:19-27.

The phrase ויבא אליו ישעיהו בן־אמוץ הנביא (and Isaiah son of Amoz the prophet came to him) makes it difficult to determine if the relationship between Isaiah as healer and Hezekiah as patient is formal or informal. Arguments for an informal relationship are based upon several factors. First, there is no official summoning of Isaiah by the king. Typically a king's summoning of a healer would indicate that the healer is acting in a formal manner. Such activity is common in the ancient Near East. Also, prophets frequently made pronouncements to the king, which gives the impression that this particular announcement is not unusual in the daily life of a king and prophet.

But there is evidence that the interaction is formal in nature. The passage does not indicate that Isaiah regularly pronounced on the health of Hezekiah. This would mean the prophet's prognosis is divorced from the daily life of the king. Isaiah acts in the formal capacity of a prophet, and not just as someone using his personal contact with the king to comment on his health.

Formal interaction hinges upon the authority of either the patient or the practitioner. In Egypt and Mesopotamia, the authority rests with the patient when he also happens to be the king. When the patient is of a lower status than the healer, the formal nature of the interaction depends upon the healer being legitimated by political, legal, or religious authorities. A patient's acknowledgement of the healer's authority characterizes the healer as a part of the professional sector. The formal nature of the interaction between Hezekiah and Isaiah also speaks to the prophet working in a professional capacity. The prophet is legitimated by the ultimate religious authority of the קהל — God. Hezekiah's prayer, after the prognosis of Isaiah, reinforces the prophet's professional status; this act constitutes sanctioning by the political and legal authority.

Like the encounter with the prophet Isaiah, Naaman's interaction with Elisha can be interpreted as either informal or formal. Naaman first learns of the prophet through informal channels, namely his wife and slave-girl.[29] Since the story of Naaman's skin affliction begins with an informal consultation of what would be categorized as health care in the popular sector, by association one might make the assumption that the prophet also functions as a part of the popular health sector.

But within this story, we can see the hierarchy of resort at work. The popular sector, namely the Israelite slave-girl, first identifies Naaman as having צרעת (skin affliction).[30] Interestingly, Naaman can function perfectly well as a general for the Arameans with this condition. But since Yahweh acts through Naaman,[31] the author of the passage must address the skin affliction as a sign of impurity. The Israelite slave-girl labels Naaman, effectively placing him in the sick role from an Israelite perspective. Legitimation of this label occurs when Naaman and the Aramean king seek help from the king of Israel. When the story moves towards consultation with kings, Naaman's health care also switches to the professional sector.[32] It is through this professional connection that Naaman comes to Elisha.[33] The formal character of their interaction comes through in the description of Naaman's horses and chariots as well as Elisha sending out a messenger.[34] These are hallmarks of a formal interaction between patient and practitioner. In the first half of the passage, the professional

---

[29] 2 Kgs 5:3.

[30] 2 Kgs 5:3.

[31] כי־בו נתן־יהוה תשועה לארם (by him [Naaman] the LORD had given victory to Aram) 2 Kgs 5:1.

[32] 2 Kgs 5:4-5.

[33] 2 Kgs 5:8.

[34] 2 Kgs 5:9-10.

character of Elisha is authorized by the king of Israel. By the conclusion of the episode, the point is made that the religious authority, Yahweh, backs Elisha. Naaman has moved not only from the popular to the professional sector but from the medical culture commonly found in the ancient Near East to the medical culture of ancient Israel and, consequently, to belief in the Israelite god.

Just like that of a prophet, a priest's relationship to the afflicted always appears to be a formal one. Leviticus prescribes by law the specific cases requiring consultation with the priest. Such consultations are divorced from the daily life of the ancient Israelite; as noted earlier, there is no known system of regular inspections. The priest officially pronounces the status of the patient. In essence, the priest is the last stop in the hierarchy of resort. The afflicted must present himself to the priest in order to receive a final pronouncement on his condition.[35] The declaration of טמא (unlcean) or טהר (clean) officially signals how the patient and community are to interact. Although the priest does not derive his legitimation from the king, the same religious authority for the prophet also works for the priest: the community's belief in God. This formal quality of interaction with the priest helps classify the priest within the professional sector of healing. Again, the religious authority given the priest by the Temple reinforces his professional status. Inspection of particular physical conditions as well as of sacrifices fall within the realm of professional duties of the priest. The formal, professional character of the priest's interaction extends beyond the diagnosis/declaration of purity, to include also ritual healing by his performing sacrifices that reintegrate the patient with the קהל (community). Again, the priest caps the hierarchy of resort. Once the physical symptoms clear, an official change in designation from טמא (unclean) to טהר (clean) takes place under the direction of the

---

[35] Lev 13:6, 17, 23, 28, etc.

priest. It is only on the priest's authority that the patient may now safely interact with the קהל, symbolized by the sacrifice and thus reintegrate into the religious community.

8.4.2.4 Attitudes of Participants

The Hebrew Bible depicts both prophets and priests with the attitude that episodes of illness can reinforce the belief that healing power ultimately resides with Yahweh. In the case of Hezekiah and Isaiah, both participants share the attitude that Hezekiah's illness is an opportunity to demonstrate Yahweh's power. Although there is a change in the prognosis, both the original fatal prediction and the later one of recovery stem from Yahweh. The change in no way diminishes the divine power but rather highlights the nature of Yahweh to dispense mercy in response to prayer. Hezekiah and Isaiah share the same explanatory model of illness: Yahweh is the cause of Hezekiah's sickness as well as the only source for a cure. Isaiah's belief in this model is indicated by the line, כה אמר יהוה צו לביתך כי מת אתה ולא תחיה (thus says the LORD, order your house for you will die and not live).[36] Hezekiah's acceptance of this same explanatory model immediately follows, ויסב את־פניו אל הקיר ויתפלל אל־יהוה (he [Hezekiah] turned his face to the wall and prayed to the LORD).[37]

Unlike the case of Hezekiah and Isaiah, both Naaman and Elisha do not begin with the same explanatory model of illness. Although both believe illness comes from the divine, exactly which god is in question and how the divine will effect a cure differs. Naaman exhibits a typical expectation within other ancient Near Eastern medical systems, that the king, as an agent of the gods, can dispense healing: ויבא הספר אל מלך ישׂראל לאמר ועתה כבוא הספר הזה אליך הנה שׁלחתי אליך את־נעמן עבדי ואספתי מצרעתו (he

---

[36] 2 Kgs 20:1.

[37] 2 Kgs 20:2.

sent the letter to the king of Israel, saying and now I sent this letter to you behold I sent to you my servant Naaman and remove his skin affliction).[38] As noted earlier, it was not uncommon in Mesopotamia for people suffering an illness to seek aid from the king. We can only assume that similar practices were carried out in the nearby cultures such as Aram. In this passage, we see the first conflict between Israelite and Aramean expectations, since the Israelite king knows such a request is not in his power.[39] A similar mismatch of expectations occurs again when Elisha gives a prescription that dissatisfies Naaman; ויקצף נעמן וילך ויאמר הנה אמרתי אלי יצא יצוא ועמד וקרא בשם־יהוה אלהיו והניף ידו אל־המקום ועסף המצרע (and Naaman became angry and went out and said behold I thought he would go out indeed and stand and call in the name of Yahweh, his god and wave his hand on the spot and remove the skin affliction).[40] It is only at the end of the passage that Naaman uses the same explanatory model of illness as Elisha. The variance in expectations is not viewed as a threat in the Hebrew Bible; rather the curing of Naaman's skin affliction is a demonstration of Yahweh's power.

It is difficult to assess the character of interaction based upon the attitudes of the patient and healer toward each other, since the Hebrew Bible does not report the attitude of the afflicted towards the priest. The directions for the priest indicate that there is a mixed attitude towards the patient. On the one hand, the patient's affliction is an opportunity to demonstrate the power of Yahweh. The eventual disappearance of a physical symptom implies a physical manifestation of God's healing and mercy. This positive aspect is demonstrated by the act of sacrifice to Yahweh. On the other hand, the patient's state of uncleanliness poses a threat, not so much to God himself, but to

---

[38] 2 Kgs 5:6.

[39] 2 Kgs 5:7.

[40] 2 Kgs 5:11.

the overall well being of the community. The threatening aspect comes through in the act of isolating the afflicted. According to the Hebrew Bible's explanatory model of illness, ailment and afflicted are synonymous;[41] therefore, both must be removed from the community. Only with the action of Yahweh can the illness be removed from the patient, thus allowing the patient to be reintegrated.

8.4.3 Idiom of Communication

The Israelite mode of expressing illness and treatment is couched in terms of communication and participation in the קהל. We can see this in healing episodes involving the priests and the prophets, whether their patient is Israelite or not.

The mode, or basic ideology, used to express the illness and treatment must be garnered from very brief descriptions. The story opens simply with חלה חזקיהו למות (Hezekiah became fatally ill).[42] The closest report of a symptom comes later, during Hezekiah's treatment, וישׂימו על־השחין (and they placed it on the boil).[43] Why the illness is life-threatening or the process by which the fig-cake application is effective is not described; there is no mechanistic mode, such as the Egyptian explanations of irrigation and balance. The pronouncements of Isaiah indicate that communication is the ideology behind the expression of the illness and treatment. The focus is not on physical symptoms but on messages from Yahweh as seen in the phrases כה־אמר יהוה (thus said Yahweh)[44] during the prognoses and זה־לך האות מאת יהוה (this to you is the

---

[41] Western biomedicine views illness as something distinct and separate from the patient's identity. The Hebrew Bible depicts illness as an integral part of a person; see ch. 4, Hebrew Bible's Conception of Health and Illness.

[42] 2 Kgs 20:1; Isa 38:1.

[43] 2 Kgs 20:7; Isa 38:21 (וימרחו על־השחין).

[44] 2 Kgs 20:1, 5.

sign from Yahweh)[45] upon completing treatment. Communication can also occur from humans to the divine that can affect the original divine message, as reported by שׁמעתי את־תפלתך ראיתי את־דמעתך (I have heard your prayers, I have seen your tears).[46] Both participants, Hezekiah as patient and Isaiah as practitioner, use the same mode of expression based upon illness and treatment as a method of communication between Yahweh and Israel.

The agreement in mode of expression is not immediate in the case of Naaman and Elisha. Details of Naaman's illness are not given; he is merely referred to as מצרע (one who has a skin affliction), thus obscuring the mode of expression for illness and treatment. The repeated use of verbs denoting speech, writing, reading and hearing conveys that the mode of expression is, once again, communication. But in this story, there is no proclamation from Yahweh, כה־אמר יהוה; instead, the subjects of the verbs are all human. The passage draws attention to this fact. Naaman is upset that Elisha did not וקרא בשׁם־יהוה אלהיו (call in the name of Yahweh his god). Naaman's own servants point out that the message from the divine has been communicated; the mechanism of the communication is not important; ויאמרו אבי דבר גדול הנביא דבר אליך הלוא תעשׂה ואף כי־אמר אליך רחץ וטהר (and they said, my master [if] the prophet spoke a great word to you, would you not do [it]? and also when he said to you wash and be clean). [47] In essence, they are giving the advice to look at communication as mode. The mechanism of healing is secondary.[48] Whereas Naaman expected a more mechanistic mode, he

---

[45] 2 Kgs 20:9.

[46] 2 Kgs 20:5.

[47] 2 Kgs 5:13.

[48] For the efficacy of the Jordan in comparison to other rivers see §8.4.4.

must now convert to the Israelite medical practice of focusing more on communication when referring to illness and treatment.

Priests also function with the mode of expression couched in terms of communication and participation in the קהל. The passages in Leviticus (12-15) concerned with symptoms of uncleanliness begin with, וידבר יהוה אל־משה לאמר: דבר אל־בני ישראל לאמר (the LORD spoke to Moses. Say to the children of Israel).[49] The idea of communication is reinforced by the frequent use of the phrase, והובא אל־אהרן הכהן או אל־אחד מבניו הכהנים (and [it] will be brought to Aaron the priest or to one from sons of the priests).[50] Afflictions must be communicated to the proper religious authority. Priests are likewise directed to examine the symptoms, וראה הכהן (the priest will see) and declare the patient's status, וראהו הכהן וטמא אתו (the priest sees and pronounces him unclean).[51] Whether visual or audible, the communication of a divine message is the an important aspect of the interchange.

Equally important is the recipient of the message. Although the number of participants may be limited to just the priest and the afflicted, isolating the afflicted imparts a message that the entire community should know and understand. The message can be interpreted in a variety of ways. It can be a cautionary example, do not act as the afflicted did or you will suffer the same fate. Or it can signal disruptive elements in the community that one should avoid — a contagion. Similar strategies are behind the use of solitary confinement in modern penal systems. You isolate the

---

[49] Lev 12:1-2.

[50] Lev 13:2. A shortened version והבא אל־הכהן appears in 13:9, 19 and 14:2.

[51] Lev 13:7.

offender as an example to other inmates and also in an attempt to stop the spread of undesirable behavior; if a behavior is not modeled, it is less likely to be imitated.[52]

8.4.3.2 Explanatory Model

Once the mode is determined, we can see how it is related to the overall conception of illness. A mode based upon communication works well with an explanatory model that sees illness and health as methods of the divine showing either favor or displeasure. It seems natural to speak of illness in terms of communication if illness itself is a message.

8.4.4 Clinical Reality

Many of the evaluations of the clinical reality of practitioner-patient interaction center on whether religion is the dominant criterion in the medical system. As addressed earlier, often the studies really determine if the medical system uses western biomedical practices. Previous studies of ancient Egyptian and Mesopotamian medicine used this focus: were *swnw* or *asû* scientifically based physicians in comparison to the magico-religious practices of the *wʿb* priest, *s3*, or *āšipu*. Recently, doubt has been shed on such a strict binary categorization of these various healers. Egypt, Mesopotamia, and Israel easily blended activities that we wish to categorize as either sacred or secular.

A binary division of healers has not dominated the research on medicine in Biblical Israel. Since God is the source of illness and health, medical practices in ancient Israel are quickly dismissed as purely magico-religious on part of the prophets;

---

[52] For more on the philosophy of solitary confinement, see Michael Meranze, "Laboratories of Virtue: Punishment, Revolutions and Authority in Philadelphia, 1760–1835" (Chapel Hill: University of North Carolina Press, 1996), 167–69, 194–96.

the description of such practices are then analyzed in terms of magic (miracle) or prophetic literature rather than medical culture. Additionally, it is asserted that priests do not heal,[53] thus removing their practices altogether from the investigation. Kleinman's five categories of clinical reality can still be applied with some usefulness to the activities of priests and prophets recorded in the Hebrew Bible. Such an analysis shows just how priests and prophets may differ in their combining elements of clinical reality that western biomedicine sees as distinct.

8.4.4.1 Sacred or Secular Focus

The first distinction Kleinman makes is between a sacred or a secular focus to the interaction. The Hebrew Bible, however, does not make such a division for either the prophet or the priest. Both sacred and secular aspects appear in the story of Hezekiah and Isaiah. Isaiah declares two prognoses, the first being Hezekiah's death and the second his recovery and health. Isaiah's assessment comes as direct speech from God, כה־אמר יהוה (thus says Yahweh),[54] rather than from an analysis of physical data using the modern scientific method. Similarly, the decision to heal Hezekiah is based upon his prayer prior to any application of fig cakes. Thus, at first appearances, recovery stems from a sacred act and not the physical manipulation of substances either affecting the body directly or exerting a force upon the divine.

Looking only at the prognosis and recovery, the episode could be categorized solely as sacred. But, there is a secular aspect, in that treatment consists of the manipulation of a physical substance, i.e., fig-cakes are applied to the boil. The action

---

[53] Milgrom private communication. See also Jacob Milgrom, *Leviticus 1–16: A New Translation with Introduction and Commentary*, Anchor Bible Commentaries (New York: Doubleday, 1991).

[54] 2 Kgs 20:1, 5.

does not move from the pronouncement of Hezekiah's recovery to the sign of the shadow receding ten steps, which would be expected if the focus was only sacred. The inclusion of the fig-cake treatment indicates that the secular (or somatic) concern of physically removing the boil is integral to Hezekiah's recovery. He can not עלה בית יהוה (go up to the house of the LORD), in essence rejoin the קהל, until the physical symptom is removed. That the passage uses רפא (to heal) rather than טהר (clean/pure). indicates that the prophet's function in therapy centers more on physical healing than on ritual healing as a means of reintegrating a person with the קהל. Since Isaiah must bring about the physical change, we can conclude that the prophet's function is not just delivering a message from God, but ensuring the message is properly carried out.

The story of Elisha healing Naaman is another indication that the prophet has a secular focus to his activity. He must enact physical healing to remove the mark of uncleanliness. Once again, since a prophet gives directions on how to heal the skin affliction, the immediate reaction is to classify this as a sacred rather than secular practice. Key phrases reinforce this idea: האלהים אני להמית ולהחיות (am I God to cause death and life?),[55] וידע כי יש נביא בישׂראל....אלישע איש־האלהים (and he will know there is a prophet in Israel....Elisha the man of God),[56] and Naaman's final recognition ידעתי כי אין אלהים בכל־הארץ כי אם־בישׂראל (I know that there is no god in all the land except in Israel).[57] Curiously, though, there is an absence of the phrase כה־אמר יהוה (thus says Yahweh), and Naaman notes the lack of invoking God's name. The secular nature of the encounter is the focus of the action; Naaman must bathe in the Jordan seven times and only upon his doing this will the physical symptom be removed, allowing him the

[55] 2 Kgs 5:7.

[56] 2 Kgs 5:8.

[57] 2 Kgs 5:15.

status of טהר (clean). This practice is not far different from many of the healing rituals used in the Mesopotamian texts for a variety of illnesses. The consistent use of אסף (to remove) indicates the prophet's duty is to ensure physical healing. The prophet does not simply heal Naaman by declaring him clean, the removal of the physical symptom is the focus of Elisha's healing activity.

Like the prophets, priests are thought to have a purely sacred focus when declaring patients טמא (unclean) or טהר (clean) and performing sacrifices. But these actions act as a bridge between the sacred and secular aspects of healing in the Hebrew Bible. The designation of טמא is based upon the presentation of physical symptoms. To change a person's status back to טהר also requires a physical change. The religious classifications derive from appearances in the physical world. Sacrifices, similarly, bridge the sacred and the secular. They reintegrate a person with the religious community but also allow someone back into the routine of daily life in the מחנה (camp). The passage, כל־ימי אשר הנגע בו יטמא טמא הוא בדד ישב מחוץ למחנה מושבו (Being unclean all the days, which the mark is on him, he is unclean. He shall dwell in isolation; outside the camp is his dwelling) indicates the idea of exclusion from the entire community, not just participation at the Tabernacle.[58]

8.4.4.2 Disease or Illness Oriented

When distinguishing between disease and illness, the usual criteria is whether the affliction is disassociated from the behavior of the patient. The medical culture depicted in the Hebrew Bible indicates that physical ailments were viewed as illnesses with a close connection to the behavior of the afflicted.

---

[58] Lev 13:46.

The connection between Hezekiah's behavior and his illness is not immediately obvious. Isaiah's prognosis of death lacks an accompanying reason. 2 Kgs 18:3 explicitly states that ויעש הישר בעיני יהוה (he did the pleasing thing in the eyes of Yahweh). But this does not mean the passage in 2 Kgs 20 expresses Hezekiah's sickness as purely physical, a disease. Hezekiah's prayer indicates the link between his behavior and his illness (or its converse health). The link is not limited to the personal well-being of Hezekiah but also to Judah's safety with regard to the Assyrians.

Like Hezekiah, the connection between Naaman's behavior and his skin affliction is not expressed directly. Instead, the text describes Naaman as an instrument of God.[59] But this implies a conflict: since Naaman suffers from a skin disease, he should not be able to serve Yahweh. The Israelite slave girl's concern for Naaman highlights this contradiction. Although the skin affliction may not hold any social stigma for the Arameans (Naaman can fulfill his obligation as a soldier), to the Israelites, such an illness can interfere with his relationship to the קהל. Naaman functioning on behalf of God holds a position important to the קהל. The social implication of Naaman's affliction comes through in the use of טהר in reference to his healing. The declaration of clean rather than simply cured or healed implies that Naaman is now fit to act on behalf of God and the קהל. Thus, Naaman's skin affliction is an illness, intimately linked to his social role, and not merely a disease.

Just as the prophets link illness with the behavior of the afflicted, so too do the priests. The difference lies in the type of behavior under scrutiny by the priests. The concerns outlined in Leviticus focus on the physical symptoms a patient would experience, such as rashes, discharges, and the like. In the cases of uncleanliness after childbirth or during menstruation, one could argue that these are natural occurrences,

[59] 2 Kgs 5:1.

divorced from the individual's behavior. But, as explained earlier, the ancient Israelite society depicted in the Hebrew Bible blends natural disease causation with individual as well as social and supernatural etiologies.[60] An individual's behavior, even if it is natural, is still a part of the individual. For the Hebrew Bible, menstruation and childbirth are not natural events external to a woman, but inextricably linked to her being a woman. A similar conception exists for the Israelite man and ejaculation.

There is a narrow focus to the report of priestly activity with regard to medical issues. The priest inspects, declares a status, and reintegrates the patient within the community. Additionally, there is a concern for the contagious nature of uncleanliness. His directions are not concerned with how to change a physical symptom or that the symptom itself will spread. The social status or טמא is what actually contaminates others. From this, we can conclude that the priest focused on illness as opposed to disease. If there was a disease orientation, we would expect to see only directions on how to remove the physical symptoms.

8.4.4.3 Symbolic or Instrumental Intervention

The classification of symbolic or instrumental intervention is similar to the sacred/secular distinction. Symbolic intervention is characterized by the use of language, ritual, and other cultural symbols, while instrumental uses physical and/or pharmacological treatment. Stories of healing from the Hebrew Bible show that within one case both symbolic and instrumental intervention is present.

We can see the symbolic aspects in the interaction between Hezekiah and Isaiah by the use of pronouncements, כה־אמר יהוה (thus says Yahweh), prayer, and finally, the ritual of returning to the house of the LORD following the sign of the

---

[60] See ch. 4, Hebrew Bible's Conception of Health and Illness.

receding shadow. Just as the episode contains secular elements, there is also an instrumental intervention. The restoration of Hezekiah's health is not complete until a fig cakes is applied to his boil. This type of physical application qualifies as instrumental, even though the exact pharmacological effect of figs on boils is neither explained in the text nor known to western biomedical practices.

Elisha's direction to bathe in the Jordan seven times can be interpreted as a ritual making use of the cultural symbol of the Jordan river. From the Israelite perspective no other river in the ancient Near East would have the same healing power. Such a view would then classify the healing practices as symbolic intervention. Still, although we lack an Israelite treatise outlining the relationship between bathing in a river and its therapeutic effects on skin ailments, we cannot completely eliminate the instrumental nature of the therapy. At face value, the passage describes a belief that the physical act of bathing has a direct relationship on the removal of a physical symptom. Interestingly, Naaman's dissatisfaction indicates that the prescribed treatment was rather mundane, and not obviously symbolic or sacred to him. The ubiquitous instrumental intervention of bathing in an important river becomes simultaneously symbolic once it is understood that the power of the divine makes the bath effective. In essence, the ancient Israelite (or Aramean) would see the cause and effect process in the reverse order from the western biomedical perspective. Western biomedicine classifies bathing in the Jordan as symbolic ritual until it can devise the chemical agent that would heal a particular ailment. The ancient world view would interpret bathing in the Jordan as a typical physical treatment until it is understood that it is a process by which the divine intervenes or communicates with humans.

From the biomedical perspective, the priest practices only symbolic intervention. The sacrifices manipulate cultural symbols to effect a ritual healing, a

final recognition or step in the process of declaring someone טהר. But priests, like prophets, blend the symbolic with the instrumental/somatic intervention. Directions are given for the patient to wash his clothes, remain isolated, shave, or even burn unclean items. All of these are physical forms of intervention. Classifying them as either another form of symbolic manipulation or an instrumental intervention depends on which process of cause and effect is used to analyze the actions. Since western biomedicine sees no cause and effect explained by biochemical mechanisms, the actions of bathing, quarantining, shaving, and burning appear only symbolic. But, if these actions are considered proven methods of communicating with the divine, they may count as instrumental intervention.

When the priest isolates an unclean person, he is in essence communicating with God; the priest acknowledges the afflicted must be removed from the community in order to start the healing process. Once in isolation, God can then remove the affliction or not. The implication is that if the afflicted remains in the community, God will not remove the symptom and most likely the situation will become worse for the community through the spread of טמאה. It is important to note that it is not the skin problem or the discharge that may be spread but the state of impurity itself. The physical symptom is just one way of manifesting impurity. Isolation then serves as an instrumental intervention to heal the patient. This notion is not unique to the priests, it also appears in the story of "snow-white Miriam" where she must remain outside the camp for seven days.[61]

8.4.4.4 Therapeutic Expectations

---

[61] Num 12:10-15.

Therapeutic expectations are derived from a process of negotiation between the practitioner and patient as well as any others that might be in attendance during the interaction. A two-party negotiation is typically characterized by the healer authoritatively explaining the illness and the necessary treatment, whereas a multi-party negotiation is an assessment reached by consensus. The healing stories involving the prophets show negotiations over therapeutic expectations before a consensus is reached. The Levitical laws do not indicate any such negotiation. Yet, the final therapeutic expectation for both is the same: the God of the Israelites will effect a cure.

In the case of Hezekiah and Isaiah, it is only the practitioner (Isaiah) and the patient (Hezekiah) interacting. Isaiah authoritatively announces the prognosis, and Hezekiah immediately responds in a manner indicating he agrees. Hezekiah's prayer should not be interpreted as disagreement. He is not seeking a second opinion; he expects to die and seeks clemency. Isaiah's second prognosis again is delivered from an authoritarian stance, but this time Hezekiah questions the prognosis of health, wanting to know how he can be sure he is cured. The timing of the question is not clear. It may be asked while the fig-cake treatment is being prepared and applied, in which case it seems to be a moment of doubt indicating a disjuncture between Isaiah and Hezekiah's therapeutic expectations; will Yahweh really heal as claimed? An agreement of therapeutic expectation resumes when Isaiah calls for the sign of the shadow receding. Since the story of Hezekiah's illness and recovery is contingent upon his unwavering loyalty to Yahweh, it seems odd for Hezekiah to be suddenly stricken with doubt at the moment just before he is healed.[62] If we take the passage literally, with the question following the fig treatment and Hezekiah's recovery, it indicates a

---

[62] Is 38 awkwardly places Hezekiah's question at the end of the story doing little to clear up the timing of the question.

second part to the therapeutic expectation. Not only is the boil to be removed, but healing also involves reintegration with the קהל, represented by Hezekiah's return to the house of Yahweh. Although Isaiah prophesies a sign for Hezekiah's health, Isaiah is not the one responsible for reintegration. The prophet removes the somatic symptom but can not entirely remove the sick role; this would occur later upon the afflicted's return to the Temple.

A similar process of negotiation runs throughout much of 2 Kgs 5; the therapeutic expectation of Naaman does not match those of the Israelites he encounters. He suffers a skin affliction, but for the Arameans he is not labeled with the sick role; Naaman carries out his duties as a general. Consequently, Naaman seeks removal of the somatic symptoms but apparently nothing beyond that. Further disjuncture between Naaman's expectation and the Israelites' appears when Elisha's treatment sounds too commonplace to Naaman. Throughout the story, the patient and practitioner do not negotiate the therapeutic expectations, but rather their attendants acknowledge a physical problem for Naaman and how it should be healed. Once the physical healing occurs, Naaman adopts the Israelite therapeutic expectation, that the god of the Israelites is the only one who can heal. Naaman even adopts the Israelite therapeutic expectation with regard to integration with the קהל. Naaman becomes a part of the קהל through sacrifice: כי לוא־יעשׂה עוד עבדך עלה וזבח לאלהים אחרים כי אם־ליהוה (for your servant, he will never make a burnt offering or a sacrifice to other gods except to Yahweh).[63] The removal of the skin affliction and the promise of continual sacrifice only to Yahweh has Naaman fulfill both parts of the Hebrew Bible's therapeutic expectation, the physical healing as well as integration with the community.

---

[63] 2 Kgs 5:17.

As far as the Hebrew Bible reports, priests and their patients share the same therapeutic expectation: God will remove the physical symptom, thus allowing the priest to declare someone טהר and return to the community. The priest makes pronouncements from a position of authority, backed by the authority of the Temple and God. The decision is influenced only by the physical appearance of key symptoms. We never hear the voice of the afflicted negotiating with the priest with regard to his status of טמא or טהר. This situation is more closely akin to the western biomedical practice of limiting the interaction to just the patient and the practitioner as a means of reinforcing the authority of the healer. Although we can not definitively determine the number of people present during the priest's interaction with the afflicted, the implication of the texts, that the afflicted readily accepts the priest's declarations, indicates that other people are not significant in determining therapeutic expectations. Ultimately, God will decide if and when the afflicted is healed, but only the priest can determine the actions the afflicted should take as a means of communicating with God.

8.4.4.5 Locus of Responsibility of Care

The locus of responsibility of care examines who exactly carries out the prescribed treatment. Ultimately, Yahweh does the healing but it is contingent upon the proper conduct of the patient. Yet, the prophets and the priests share in the responsibility of care. The Hebrew Bible portrays the function of the prophets and priests as guiding the Israelites in the proper conduct that will maintain the קהל. Responsibility of care then falls to whoever can ensure the cohesion of the community, whether patient, healer or even someone else in the community.

In the case of Hezekiah and Isaiah, the locus of responsibility appears to fall upon several people. It is the prophet's duty to make a prognosis and to ensure that the

prophesy is acted upon. In this regard, the locus of responsibility is on Isaiah, the practitioner. He must deliver both messages to Hezekiah and see to it that the proper treatment is applied to allow Hezekiah's recovery. But Hezekiah also bears the burden of responsibility. Isaiah warns him צו לביתך (order your house),[64] to which the king responds with prayer. Finally, the attendants, presumably of Hezekiah, have the responsibility to prepare the fig-cake according to the command of Isaiah. It is with this last locus of responsibility that western biomedicine is concerned, the physical application of an instrumental intervention. But concentrating solely on this act ignores significant stages to the therapy. In Israelite medical culture, the prophet as practitioner has the responsibility to see to it that the patient understands and accepts the message. The patient also has a responsibility to acknowledge the ultimate source of illness and health, Yahweh. Without either of these acts, the physical treatment of fig cakes would be ineffective.

In part, the story of Naaman's skin affliction is a tale of the patient being responsible for his own well-being. This does not detract from the idea that Yahweh is ultimately the one who dispenses health and illness, but rather reinforces it because only through the proper conduct of the afflicted will Yahweh heal. At first, there is a misunderstanding as to who shall heal Naaman; a letter is written to the Israelite king who is quick to disclaim this responsibility. When Elisha asks that Naaman be sent to him, one might expect the responsibility to be his. But, the decision to follow the prescription rests with Naaman himself, not king nor prophet. Interestingly, Naaman arrives at the proper decision only after advice from his servants. This indicates that the locus of responsibility rests in part with the community of the patient. Naaman's

---

[64] 2 Kgs 20:1.

servants, both at the beginning of the story and at the end, help Naaman come to the right decision in treating his skin affliction.

Both Hezekiah and Naaman show responsibility lies with the patient, but the action of Naaman's servants also indicates that the patient is never wholly divorced from his community. Similarly, Hezekiah is not simply healed, but, as part of that healing, Jerusalem is spared the might of the Assyrian army.

The Levitical passages focusing on birth, menstruation, skin afflictions and discharges divide the responsibility for care between the priest and the afflicted. The phrase, והסגיר הכהן את־הנגע שׁבעת ימים (and the priest will cause to be shut up the marked for seven days)[65] appears frequently.[66] The authority to declare someone unclean to participate in the community resides only with the priest; therefore it is his responsibility to ensure that the afflicted is quarantined.

An exception to this particular phrase indicates that the patient himself may also bear the responsibility of isolating himself from the community; בדד ישׁב מחוץ למחנה מושׁבו (he shall dwell in isolation; outside the camp is his dwelling).[67] To what extent the shift in subject and verb form[69] necessitates a change in the locus of responsibility is not clear. Accompanying the prescription of isolation are other directives, also phrased with the afflicted as subject, והצרוע אשׁר־בו הנגע בגדיו יהיו פרמים וראשׁו יהי פרוע יעל־שׂפם יעטה וטמא טמא יקרא (the one who is skin afflicted which [has] the

---

[65] Lev 13:4.

[66] The use of the hiphil makes it clear that the priest is the one who must ensure the isolation of the afflicted.

[68] Lev 13:46.

[69] The more common phrase use the priest as subject with the hiphil, or causative, form of the verb. The exception makes the afflicted the subject with the qal verbal stem.

mark upon him, his clothes will be torn apart, his head will be unbound and he will cover his moustache, and he will call out: unclean,).[70] Reinforcing the idea that the patient shares some of the responsibility for care are instructions for those suffering from discharges, or those they come into contact with, to bathe.[71] Similarly, homes and other items that suffer from הנגע (the mark/plague) must also be washed, scraped, cast out or burned. Since the objects affected are the subjects of the verbs, it is unclear if the priest himself or the objects owners' must carry out the prescription. Since the priest may be contaminated by their uncleanliness, it seems logical that the responsibility rests with the owners.

Besides isolation, the priest must perform the sacrifices as indicated by the phrase, והקריבו לפני יהוה וכפר עליה (and he will bring it before the LORD and he will atone for her).[72] The priest bears the responsibility for sacrifice, since he is the only one invested with the authority to carry it out.

The passages in Leviticus do not answer the obvious question, what does the afflicted do while waiting out the period of isolation? Read in conjunction with the stories of the prophets' healing activities, one can assume the patient should pray. But the silence also leaves open the possibility of the afflicted using another healer in the hierarchy of resort. The Hebrew Bible indicates that other types of healers existed within or around the community. Since we can not know for certain what the patient did, it is perhaps more informative to ask, what did the priest expect the patient to do while in isolation? But again, since there is no mention of this in the text, we can only speculate. The safest answer to the question is that the patient is to do nothing beyond

---

[70] Lev 13:45.

[71] Lev 15:5-13.

[72] Lev 12:7.

the tasks already specified. Although studies of the psychological effect of solitary confinement, or separation from the general community, show that individuals often begin a process of self-reflection concerning their behavior and its relationship to notions of sin or transgression,[73] it is not known for certain that the priests of ancient Israel intended the afflicted to undergo such a psychological change.

8.4.5 Therapeutic Stages and Mechanisms

Kleinman outlines a three-part system to therapeutic stages: the labeling of a problem, a symbolic manipulation of the name and finally the bestowal of a new label, i.e. "cured." Such a system appears in use by the priests. After inspecting a particular symptom, the priest labels the problem as either טמא or טהר. The latter diagnosis needs no special attention, the patient is essentially declared problem-free from the perspective of the religious community. The former diagnosis requires the patient to submit to a series of steps, always including a period of isolation and sacrifice. Unlike the western biomedical practice of naming/diagnosis that isolates the problem from the patient, the Israelite priest isolates the patient. His problem is integral to his person. The patient and his new name, not just the symptom, are then manipulated through the use of isolation, bathing, etc. Once these tasks are complete, the priest re-evaluates the symptoms and can bestow a new name/diagnosis, hopefully טהר. The process culminates in the sacrifices the priest makes on behalf of the now clean person. As discussed earlier, we can not accurately determine the exact mechanism of change for the symptoms and the patient himself. A physical change usually occurs in order for the priest to change the status from unclean to clean. In some cases, the lack of a physical change in symptoms allows the priest to declare the afflicted clean, i.e. Lev

[73] Meranze, "Laboratories of Virtue."

13:23. A greater difficulty exists for tracking any psychological or interpersonal changes in the patient. In the passages detailing the actions of the priest, the Hebrew Bible neglects to record the reactions of the patients, only the directions given to them. The expectation of the priest would be typical for any healer: the patient should follow the directions and show positive results from it.

But the diagnosing (naming an illness) is not always present in medical cases involving the prophets. For the story of Hezekiah and Isaiah, the prognosis serves the same purpose as the diagnosis. Hezekiah is labeled as “going to die.” The patient’s act of prayer qualifies as symbolic manipulation of the label, since the result of the prayer is a change in prognosis or label, “going to live.”

The labeling of problems is not only in the hands of an authoritative source such as the prophet. In the case of Naaman, the recognition of the label מצרע comes from the Israelite slave girl. Both the Aramean and Israelite kings as well as Elisha legitimate this label. The prophet’s advice to bathe in the Jordan constitutes the symbolic manipulation leading to Naaman’s new label, טהר.

Kleinman discusses three mechanisms by which the symbolic manipulation effects a change: physical, psychological and interpersonal (social). Any of the three may act in concert. In the Hebrew Bible we see a two-stage process to these mechanisms. Physical change precedes either a social or a psychological change. Only when all changes have occurred is the patient completely cured.

The cases of Hezekiah and Naaman report a physical change in response to the manipulation; the boil and the skin affliction have cleared. The patients, though, appear to undergo either a social or psychological change as well. A social change occurs for Hezekiah in that he is allowed to return to the Temple, and the city will be protected. These are specifically noted in Isaiah’s new pronouncement of Hezekiah’s

health. The physical change allows for the social change. Healing is not complete until the social change is legitimated by returning to the Temple. Naaman experiences a psychological change exhibited by his recognition that Yahweh is the only god. Again, the healing process is in two stages, the physical and then the psychological.

8.5 Specialties

To date, there is no archaeological evidence of specialists in the health care of ancient Israel. The Hebrew Bible does not report any specific titles connected with a particular healing practice or illness. For Egyptian and Mesopotamian society, scholars try to divide the healers between actual physicians and exorcists. This type of classification does not seem warranted in the Hebrew Bible. Although the texts mention רפאים, it is unclear who exactly is being referred to — prophets, priests, some non-religious practitioners, or healers outside of Israelite society. Passages using רפא do not describe in any detail their practices, diagnoses, or treatments. This makes it hard to distinguish them as a separate category of healers or even specialists.

The priest is not a צרעת (skin affliction) specialist in the medical sense of the term. His practices are not limited to skin afflictions; he also inspects discharges and household infections. The list of ailments may also be incomplete. The priest inspects conditions that place one's status in question. If an Israelite has a condition that obviously makes him impure, there would be no reason for the inspection and hence no written directive to the priest.

8.6 Remuneration

Exod 21:18-19 states a general rule for compensation when a man suffers and injury as a result of a quarrel. After the victim becomes ambulatory, the aggressor must

שבתו יתן ורפא ירפא (give for his cessation and indeed heal).[74] The LXX renders the phrase ורפא ירפא as ιατρειον, which can be translated by the phrase "medical treatment" or with the specific connotation of surgery. Exod 21:19 does not specify what type of healing nor who exactly carries out the therapy. We can derive from this passage that some form of payment is made to a person who heals. There is no mention of priest, prophet, or even going before God, which could indicate the role of a priest. This leaves the possibility that the healer may be someone outside the religious structure.

The system of payment is nebulous, and could be either salary, capitation, fee-for-service, or case-payment. Although payment for healing is connected to a single event, we can not completely omit the salary mode of remuneration. The passage does not specify who exactly is to be paid, but only states the general categories requiring compensation. The likelihood of Israel using a health care system that pays healers on a salary is quite slim, but the case in Exod 21:18-19 does not give enough evidence by itself to entirely discount the salary method of remuneration. Additionally, the lack of detail makes it difficult to distinguish between capitation, case-payment and fee-for services. Capitation bases payment on a fixed unit of time. An element of time is presented in the case, by the word שבתו (his cessation) indicating a lapse between the assault and the victim's ability to walk with a staff. Capitation may then be the healer's basis for charging a fee. An equal argument can be made for case-payment. When the patient can walk with the staff, the case is closed from the medical standpoint and therefore payment shall be assessed. Similarly, fee-for-service is a viable option since we lack details concerning the frequency with which the injured party may seek treatment before payment is made.

---

[74] Exod 21:19.

Payment structures typically indicate the nature of practitioner-patient interaction as well as the social role of the healer. The case in Exod 21:18-19, often cited to prove that healers operated within Israel with some degree of official sanction from the religious authority, does not provide enough information about their payment to determine their place in the social structure.

The conclusions that can be drawn from Exod 21:18-19 are that the healer is not part of the injured man's social network, and that the healer does fall into the category of a professional. If a wife, parent, sibling or child were to take care of the man, it would be superfluous to bring up the issue of payment. Typically, health care within the family does not appear in ancient Near Eastern legal codes dealing with compensation for the healer. Codification of who pays the healer is a strong indication the healer is an outside party to the events in question, acting in a professional capacity.

In contrast to the payment for healing in Exodus, 2 Kings on two occasions gives evidence that the prophets did not accept payment for their healing services.[75] Naaman prepares for his journey to Israel by loading up with silver, gold and clothing.[76] Upon his cure, Naaman offers a gift to Elisha who promptly refuses it.[77] The gold, silver and cloth from 5:5 comprises the gift offered in 5:15. Naaman operates with the notion of either a case-payment or fee-for-service method of remuneration. To underscore the idea that prophets are not paid for their healing, Gehazi suffers a skin affliction after tricking Naaman into giving over some silver and

---

[75] 2 Kgs 5:15-27; 20:1-11.

[76] 2 Kgs 5:5.

[77] 2 Kgs 5:15-16.

clothing.[78] Healing by the Israelite God differs from the average patient-practitioner relationship found in the ancient Near East. The prophet, as an extension of God, does not receive a mundane remuneration.

But, in effect, there is a remuneration for prophets. It is not in the form of a tangible item paid by the standard four methods of salary, capitation, case-payment or fee-for-service. Recognition by the patient that the ability to heal ultimately resides with the God of Israel appears to be the preferred payment. Naaman emphatically promises that he shall never again offer sacrifice to any other god.[79] Interestingly, Naaman also specifies an exemption when his king forces him to bow in the temple of Rimmon, and Elisha seemingly accepts this.[80] Although Naaman now understands the uniqueness of the Israelite God, the practical necessity of living within his native, Aramean community allows for a more tolerant view of his behavior *vis à vis* the temples of other gods. The cohesion of the קהל is not threatened by Naaman's actions in Aram; his good intentions suffice.

The curing of Hezekiah exemplifies this same pattern. Isaiah first prognosticates the death of the king, but after his prayers, God informs Isaiah that Hezekiah will be healed.[81] Unlike the story of Naaman, Hezekiah does not offer Isaiah some type of financial reward. ויאמר ישעיהו קחו דבלת תאנים ויקחו וישימו על־השחין ויחי/ ויאמר חזקיהו אל־ישעיהו מה אות כי־ירפא יהוה לי ועליתי ביום השלישי בית יהוה (And Isaiah said: "Take a cake of figs" and they took and placed [it] upon the boil and he lived. And Hezekiah said to Isaiah: "what is the sign that the LORD healed me and I will go up on

---

[78] 2 Kgs 5:20-27.

[79] 2 Kgs 5:17.

[80] 2 Kgs 5:18-19.

[81] Isa 38:1-5; 2 Kgs 20:1-5.

the third day [to the] house of the LORD?")[82] Hezekiah focuses on two aspects; how will he know he is truly healed, and when can he properly return to the Temple.[83] The latter concern is of importance to the issue of remuneration. Unlike the case of Naaman, there is no discussion as to what Hezekiah owes Isaiah. Exemplified in Hezekiah's wish to return to the Temple is payment in the form of acknowledging the power of and remaining devoted to the Israelite God, essentially being reintegrated into the קהל. As reported in 2 Kings, the change in prognosis for Hezekiah is a result of his "payment up front" to God.[84] But, the parallel passage in Isaiah highlights the thanksgiving poem as the final payment after recovery.[85]

In the few cases dealing with remuneration provided by the Hebrew Bible, we see a difference between the prophet and other types of healers. The prophets are not to receive any compensation in terms of material possessions. Instead, payment is made directly to God in the form of showing proper devotion. As in the case of Hezekiah, payment does not always have to be "after services rendered." The nebulous class of "other healers" can receive material forms of remuneration. Reading 2 Kings in conjunction with Exodus, we can rule out prophets as one of the healers in Ex. 21:19, since they are not paid in the traditional sense of the term. This still leaves open the question of whether priests and/or other healers are intended by the Exodus passage and how exactly either of those are compensated for their work.

At first, there appears to be a difference between priest and prophet in that priests may accept a traditional form of remuneration. Typically, priests share in part

---

[82] Isa 38:21-22; 2 Kgs 20:7-8.

[83] The first concern is address in ch. 4, Hebrew Bible's Conception of Health and Illness.

[84] 2 kgs 20:3.

[85] Isa 38:9-20.

of the sacrifice making it a fee-for-service or case-payment situation. This subtlety indicates a slight variation in emphases for priest and prophet. Although both link the divine and mortal realms, the priest focused more on the mortal whereas, comparatively, the prophet concentrated on the divine. But, we can also interpret the sacrifice as a form of payment to God and the priest's portion as merely incidental. Although the priest takes his gratuity, the point of the sacrifice is not to pay him but rather to compensate God for His actions.

8.7 Education

The training of healers reinforces particular cultural values and often is limited to those already classified as elites in the society. But this supposes a formal system of education of the healers. For ancient Israel, no such system appears to have existed. There is no debate surrounding a *pr ʿnḫ* or the "Faculty of the Town of Isin" as we find in Egypt and Mesopotamia. As already noted, the reference to רפאים are too limited to tease out any information regarding their education. This leaves us with an investigation of the education of the prophet and priest.

Prophets in Israel do not come from a particular social background; they could be priests, scribes, or even sheepherders and farmers. Their power to heal derives solely from their personal connection to God. The selection of prophets was not completely random. Just as modern medical schools choose individuals with a predisposed ideology, we can see a similar selection among the prophets. The story of Elisha's discipleship with Elijah indicates such a selection process. One cannot avoid the simple assumption that a prophet's knowledge of instrumental healing practices would be passed down to any of his disciples. In this manner, the medical education of a prophet can be described as a type of apprenticeship rather than a formal school

system. But most prophets in the Hebrew Bible lack a period of discipleship to another prophet. For these healers, how they arrived at their medical knowledge, apart from divine inspiration, can only be guessed. They operate outside the bounds of political and religious institutions; therefore their medical education would also come from a source apart from king or priest.

As with the prophets, the selection criteria for priests ensures that their medical activities reinforce cultural norms. It does not appear that priests underwent a specialized medical instruction but rather received a typical education in reading, writing and religious traditions, most likely at the Temple itself. It is in this last category, religious traditions, that the priest would gain his medical knowledge. The instructions in Leviticus would serve as his textbook. This is not to say that the Temple functioned as a medical school in its modern sense, but only that the priest acted as a healer in fulfillment of his many duties.

8.8 Health-Care Sector

Categorizing the prophet in one of the three sectors of health care is quite tricky. The popular health sector is characterized by people who lack a specialized education, status or power. The popular health care practitioner develops his skill from basic experience with various illnesses. The prophets derive their healing ability from a special connection with Yahweh, divine inspiration. This fact alone would eliminate them from the category of popular health care.

The distinction between professional and folk is not as clear cut. A hallmark of professionalism is sanctioning by the political or religious authorities of the society. The Hebrew Bible portrays the prophets as operating in connection, although not always in agreement with, the kings and priests. On the one hand, this would classify

the prophets as part of the professional health sector. On the other hand, the disagreement between prophets and other authorities would leave only the folk sector as the viable category for classifying healing prophets. Placing prophets in the folk sector is reinforced by the idea that folk healing has a sacred character, unlike the professional sector. But this division of sacred and secular does not always hold true even for western biomedicine. As noted earlier, folk and professional health care can be complementary systems, each deriving its authority from different sources within the culture. From the point of view of the Hebrew Bible, the prophet can be categorized as professional, whereas other sources from ancient Israel may eventually show the prophet as part of the folk health sector.

Priests are easier to classify as part of the professional sector of health care. They possess specialized skills in the form of identifying certain conditions as either טמא or טהר and in performing sacrifices. They are legitimated by the religious authorities as well as the political and legal.

8.9 Conclusion

From the available evidence, it appears that the ancient Israelite could have consulted either a priest or prophet in a time of illness. Both priests and prophets drew from the same explanatory model, that illness is a divine message and the restoration of health means reintegration with the religious community. The Hebrew Bible legitimates both as professional healers. The prophet and priest could bestow a negative label such as "unclean" or "going to die" and then remove that label. Neither priest nor prophet underwent a specialized education in medical skills. Their ability to diagnosis and treat a condition arose from their unique position relative to God. Similarly, priests and prophets did not seek out direct compensation for their actions

but directed patients to give proper thanks to God. Both used instrumental as well as symbolic treatments.

Yet, there is an appreciable difference between the priest and prophet, even in their healing strategies. The priest, like the *swnw* and *asû*, focused his attention the physical symptoms of illness and the human ramifications of the divine message. The priest's communication with God was based upon the interpretation of these symptoms as either clean or unclean. In turn, the status of cleanliness affected the religious communities relationship with God. Treatment then was directed at restoring an individual to the community by the physical act of sacrifice. In contrast to the priest, the prophet approached illness from the divine perspective. Like the *wʿb* priest and the *āšipu*, the prophet's role was to explain the divine message in terms the people of Israel could understand. The prophet received direct communication from God as well as communicated directly to God. This direct relationship meant the prophet did not have to inspect physical symptoms. The potential for conflict between the healing strategies of the priest and prophet was mitigated by the Hebrew Bible's depiction of God as the ultimate source for healing.

Conclusion

Medicine in the Ancient Near East

The comparative approach for assessing health care in ancient Israel, as depicted in the Hebrew Bible, has lead us to an understanding of medicine for all of the ancient Near East. A supra-medical culture existed across the boundaries of Egypt, Mesopotamia, and Israel. They shared a common way of defining and treating illness based upon the ideology of god(s) controlling and/or interacting with the human realm. Illness was a form of communication with more powerful, supernatural entities. The laws that governed the relationships between humans and the divine became the basis of treatment measures. This allowed a potentially disruptive condition to be an occasion of reinforcement for the religious ideology of each culture.

Yet, within this supra-medical culture, there was room for each society to develop an individual medical culture. Specific ideas about how the divine and humans interacted relied upon the particular religious ideology for a given area. The variation between the different explanatory models of illness for Egypt, Mesopotamia, and the Hebrew Bible depend on how they conceptualized a key factor in their religious cultures — what governs the human relationship with the divine. An Egyptian explanatory model centers around the concept of *mꜣꜥt* (order). This principle rules the actions of both humans and gods. An episode of sickness is linked to an aberration in the ordered, balanced system of mꜣꜥt. In order to restore health, one must restore *mꜣꜥt*. Therapeutic strategies may focus on one or more of the four etiologies (individual, social, natural, supernatural) as a means of accomplishing this restoration. Multicausal etiologies and multiple gods do not interfere with this system. The ultimate goal is to restore the balance between the Egyptians and their gods.

Mesopotamia lacks a clearly defined principle, akin to *mꜣʿt*, that governs their explanatory model. Episodes of sickness must be resolved by appealing to the divine. The situation is complicated by having to establish which god sent the illness and why. Therapeutics can range from treating the somatic symptom to prayers, divination and/or propitiation of the gods. In the absence of a unifying ideology, the Mesopotamians are subject to the whims of the more powerful entities in the cosmic community. Harmony between humans and the divine occurred only when a god was satisfied, but that moment was precarious. Treatment strategies may address either the need to assuage a greater cosmic will or simply to alleviate a symptom.

The Hebrew Bible depicts an Israel in which the idea of covenant regulates the explanatory model. Much like Egyptian *mꜣʿt*, the Mosaic covenant allows an understanding and treatment of each episode of sickness without resorting to divination. Monotheism removes any further uncertainty. The Hebrew Bible omits purely somatic treatments and focuses on humans as a part of a community with God. This emphasis is most apparent in the P source, in Leviticus. As long as (the one Israelite) God is recognized and His commandments obeyed, there is harmony between God and humans. Within this framework, the Hebrew Bible allows for some alternative therapeutics. The prophets used healing methods found in the health care systems of both Egypt and Mesopotamia, e.g. the application of poultices and bathing in rivers.

But within individual cultures, there can be various interpretations of how the dominate religious ideology actually manifested in the healing arts. We are accustomed to the idea that multiple healers in one society means competing medical theories; we have learned this from the arguments between the Hippocratic and Cnidian schools of medicine. Modern health-care systems have also taught us that

multiple healers may, in fact, work together in one system. One type of healer is the sanctified authority while all the others fall into subordinate positions in a set hierarchy. But neither of these scenarios fit the pattern of health care in the ancient Near East.

Egypt and Mesopotamia had a variety of acceptable healers; neither competed with one another nor could they be placed in a set hierarchy. Each worked with a slight variation on how to communicate with the divine, but all rest on the same explanatory model of illness within their respective cultures. One strategy has the Egyptian *swnw* and the Mesopotamian *asû* both address illness from the human perspective. They focused on physical symptoms and what the divine message meant for the human world. The illness was treated indirectly; first, to clear up the immediate mundane manifestation and the illness (divine message) will dissipate as a consequence. The other strategy has the Egyptian *wʿb* priest and *s3* and the Mesopotamian *āšipu* operating from the divine perspective. Their concern is the reason why the gods would send a message and the problem to which the gods want to draw attention. In this strategy, illness (divine message) was treated directly; figure out the problem, address it, and subsequently, the symptoms would clear. All of the healers, whether using the indirect-human or the direct-divine strategy relied on communication back to the gods as a method of restoring health.

This variation in healing strategies may have also existed in ancient Israel. The Hebrew Bible depicts priests and prophets sharing the same explanatory model of illness; the Bible attributes all illnesses to God, serving as a divine message. Like the *swnw* and *asû*, the priest focused on the mundane aspects of the Israelite relationship to God such as maintaining purity in connection with the Temple and performing sacrifices. In this context, the priest directed his attention towards the physical

symptoms of illness and to what extent the illness affected the human world and its relationship to God. The prophet's duties centered on receiving, interpreting and restating the divine message. This perspective is similar to that of the *wʿb* priest, *sꜣ,* and *āšipu*. Just as the healers in Egypt and Mesopotamia overlap, so too do the Israelite priest and prophet in that both restore health by fostering communication with God. This can either be through the use of sacrifice or exhorting piety and prayer.

It is possible that another type of healer, apart from the priest and prophet, existed in ancient Israel, perhaps a רופאים. But the Hebrew Bible does not adequately describe them, so we cannot tell whether or not they used the same explanatory model of illness or constituted a competing medical ideology. More evidence is needed to determine if they operated within a polytheistic theology, more akin to Egypt and Mesopotamia, or whether a רפא, acting like the *swnw* and *asû*, focused on the human perspective and treated illness indirectly.

By moving beyond the typical study of Biblical medicine, which is preoccupied with paleopathology, (mis)diagnoses, and evaluating therapeutic efficacy, we can understand how religion provided an interpretive framework for a common aspect of daily life in ancient Israel — sickness. With a working model for the relationship between religion and health care, other aspects of Israelite religion may become clear. new explanations for the concepts of טהר (pure/clean) and טמא (impure/unclean) as well as different perspectives for investigating the role of priests and prophets. Introducing methods from other disciplines to Biblical Studies helps us comprehend better the meaning of key concepts and terms in their original Israelite context.

BIBLIOGRAPHY

Allen, Thomas G. *The Book of the Dead.* Chicago: University of Chicago, 1974.

Amitai, Pinchas. "Scorpian Ash Saves Woman's Eyesight." *BR* 11 (1995).

Avalos, Hector. "Ancient Medicine: In Case of Emergency, Contact Your Local Prophet." *BR* 11 (1995): 27-35, 48.

------. *Illness and Health Care in the Ancient Near East: The Role of the Temple in Greece, Meospotamia and Israel.* Atlanta: Scholar's Press, 1995.

Baer, Klaus. *Rank and Title in the Old Kingdom: The Structure of the Egyptian Administration in the Fifth and Sixth Dynasties.* Chicago: University of Chicago Press, 1960.

Barns, J. W. B. *Five Ramesseum Papyri.* Oxford: University Press, 1956.

Berkow, Robert, ed. *Merck Manual 16th Edition.* Rathaway, New Jersey: Merck, 1992.

Biggs, Robert. "Medicine in Ancient Mesopotamia." *History of Science* 8 (1969): 94-105.

Biggs, Robert D. "Medicine, Surgery and Public Health in Ancient Mesopotamia." In *Civilizations of the Ancient Near East*, 1911-24. Peabody, Massachusetts: Hendrickson Publishers, 1995.

Boorse, Christopher. "Health as a Theoretical Concept." *Philosophy of Science* 44 (1977): 542-73.

------. "On the Distinction between Disease and Illness." In *Concepts of Health and Disease: Interdisciplinary Perspectives*, 545-60. Reading, Massachusetts: Addison-Wesley Publishing, 1981.

Borowski, Oded. *Daily Life in Biblical Times.* Atlanta: Society of Biblical Literature, 2003.

Bosk, C. *Forgive and Remember: Managing Medical Failure*. Chicago: University of Chicago Press, 1979.

Bottéro, Jean. "Magic and Medicine." In *Everyday Life in Ancient Mesopotamia*, 162-82. Baltimore, Maryland: Johns Hopkins University Press, 1992.

------. *Mesopotamia: Writing, Reasoning and the Gods*. Chicago: University of Chicago Press, 1992.

Boyle, C.M. "Difference between Patients' and Doctors' Understanding of Common Anatomical Terms." *British Medical Journal* 2 (1970): 286-89.

Breasted, James Henry. *The Edwin Smith Surgical Papyri*. Chicago: University of Chicago Press, 1930.

Brody, Howard. *Stories of Sickness*. New York: Oxford University Press, 2003.

Brothwell, D., and A. S. Sandison, eds. *Diseases in Antiquity*. Springfield, Illinois: Bannerstone House, 1967.

Brown, Michael L. *Israel's Divine Healer*. Grand Rapids: Zondervan, 1995.

Bryan, C. P. *The Papyrus Ebers*. London: Geoffrey Bles, 1930.

Bunzl, Martin. "Comment on 'Health as a Theoretical Concept'." *Philosophy of Science* 47, no. 1 (March 1980): 116-18.

Buttrick, G. A., ed. *Interpreter's Dictionary of the Bible*, 561-67. Nashville, 1962.

Caplan, Arthur, H. Tristram Engelhardt, and James J. McCartney, eds. *Concepts of Health and Disease: Interdisciplinary Perspectives*. Reading, Massachusetts: Addison-Wesley Publishing, 1981.

Caplice, Richard. "Namburbi Texts in the British Museum." *Orientalia* 34 (1965).

------. *The Akkadian Namburbi Texts: An Introduction*. Los Angeles: Undena Publications, 1974.

Cassell, Eric J. *The Healer's Art: A New Approach to the Doctor Patient Relationship*. Philadelphia: J. B. Lippincott Company, 1976.

Cerny, J., and A. H. Gardiner. *Hieratic Ostraca.* Oxford: Griffith Institute, 1957.

Chrisman, N. J. "The Health Seeking Process: An Approach to the Natural History of Illness." *Culture, Medicine and Psychiatry* 1 (1977): 351-77.

Clouser, K. Danner, Charles M. Culver, and Bernard Gert. "Malady: A New Treatment of Disease." *Hastings Center Report* 11, no. 3 (1981).

Cohen, Chaim, and Daniel Sivan. *The Ugaritic Hippiatric Texts: A Critical Edition.* New Haven: American Oriental Society, 1983.

Cole, Steven W., and Peter Machinist, eds. *Letters from Priests to the Kings Esarhaddon and Assurbanipal.* State Archives of Assyria. Helsinki: Helsinki University Press, 1998.

Colombotos, J., C. Kirchner, and M. Millman. "Physicians View National Health Insurance: A National Study." *Medical Care* 13 (1975): 369-96.

Conrad, Lawrence. "Biblical Tradition for the Plague of the Philistines." *JAOS* 104 (1984): 281-87.

Davis, Eli. "The Psalms in Hebrew Amulets." *VT* 42 (1992).

Dawson, Warren R. *The Beginnings: Egypt and Assyria.* New York: Hafner Publishing Co., 1964.

------. "The Egyptian Medical Papyri." In *Diseases in Antiquity.* Springfield: Bannerstone House, 1967.

Douglas, Mary. *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo.* New York: Routledge, 1989.

Easthope, Gary. "Marginal Healers." In *Sickness and Sectarianism*, 52-67. Brookfield, Vermont: Gower Publishing, 1985.

Ebbell, B., trans. *The Papyrus Ebers.* Copenhagen: Levin and Munksgaard, 1937.

Ebeling, Erich. "Keilschrifttafeln medizinischen Inhalts." *Archiv für Geschichte der Medizin* 13, no. 1 (1921).

------. "Keilschrifttexte medizinschen Inhalts." *Archiv für Geschichte der Medizin* 13, no. 5 (1921).

Ebers, G. M. *Papyros Ebers*. Leipzig: Engelmann, 1875.

Edgerton, William F. "The Strikes in Rameses III's Twenty-Ninth Year." *JNES* 10, no. 3 (1951): 137-45.

Eisenberg, L. "Disease and Illness: Distinctions between Professional and Popular Ideas of Sickness." *Culture, Medicine and Psychiatry* 1 (1977).

Encyclopaedia Judaica, 1254-61, 1971.

Estes, J. Worth. *The Medical Skills of Ancient Egypt*. Science History Publications, 1989.

Fadiman, Anne. *The Spirit Catches You and You Fall Down*. New York: Farrar, Strauss and Giroux, 1997.

Finkler, Kaja. *Spiritualist Healers in Mexico: Successes and Failures of Alternative Therapeutics*. New York: Bergin and Garvey, 1985.

Foster, Benjamin R. *Before the Muses: An Anthology of Akkadian Literature*. Bethseda, Maryland: CDL Press, 1993.

------. *From Distant Days: Myths, Tales, and Poetry of Ancient Mesopotamia*. Bethseda, Maryland: CDL Press, 1995.

Foster, G.M., and B.G. Anderson. *Medical Anthropology*. New York: Wiley, 1978.

Frankfort, Henri. *Art and Architecture of the Ancient Orient*. New Haven: Penguin, 1995.

Frankfort, Henri, and H.A. Frankfort, eds. *The Intellectual Adventure of Ancient Man*. Chicago: University of Chicago Press, 1977.

Freidson, Eliot. *Profession of Medicine: A Study of the Sociology of Applied Knowledge*. New York: Harper & Row, 1970.

------. *Doctoring Together: A Study of Professional Social Control.* New York: Elsevier, 1975.

Fretheim, Terence. "Plagues as Ecological Signs." *JBL* 110 (1991).

Fulco, William J. *The Canaanite God Rešep.* New Haven: American Oriental Society, 1976.

Gardiner, A.H., T.E. Peet, and J. Černy. *The Inscriptions of Sinai.* London: Egypt Exploration Fund, 1952.

Gardiner, Alan H. *Hieratic Papyri in the British Museum.* London: British Museum, 1935.

------. "The House of Life." *Journal of Egyptian Archaeology* 24 (1938): 157-79.

------. *The Ramesseum Papyri.* Oxford: University Press, 1955.

------. *Egyptian Grammar.* London: Oxford University Press, 1957.

Ghalioughui, Paul. *House of Life: Magic and Medical Science in Ancient Egypt*, 1973.

------. *The Physicians of Pharaonic Egypt.* Cairo: Al-Ahram Center for Scientific Translations, 1983.

Ghalioungui, P., S. Khalil, and A. Ammar. "On an Ancient Egyptian Method of Diagnosing Pregnancy and Determining Foetal Sex." *Medical Historian* 7 (1963): 241-46.

Glaser, W. A. *Paying the Doctor: Systems of Remuneration and their Effects.* Baltimore: Johns Hopkins Press, 1970.

Goldman, L. "Factors Related to Physicians' Medical and Political Attitudes: A Documentation of Intraprofessional Variations." *Journal of Health and Social Behavios* 15 (1974): 177-87.

Goode, Erica. "Samson Diagnosis: Antisocial Personality Disorder, with Muscles." *New York Times*, 20 February 2001.

Gordon, Robert. "Saul's Meningitis." *VT* 37 (1987).

Gorg, Manfred. "Methodological Remarks on Comparative Studies of Egyptian and Biblical Words and Phrases." In *Pharaonic Egypt: The Bible and Christianity.* Jerusalem: Magnes Press, 1985.

Grapow, Herman. *Anatomie und Physiologie*. Grundriss der Medizin der alten Ägypter. Berlin: Akademie-Verlag, 1954.

------. *Von den medizinschen Texten*. Grundriss der Medizin der alten Ägypter. Berlin: Akademie-Verlag, 1955.

------. *Kranker, Krankheiten und Artz*. Grundriss der Medizin der alten Ägypter. Berlin: Akedemie-Verlag, 1956.

------. *Die medizinischen Texte in Hieroglyphischer Umschreibung autographiert*. Grundriss der Medizin der alten Ägypter. Berlin: Akademie-Verlag, 1958.

Grapow, Herman, H. von Deines, and W. Westendorf. *Übersetsung der medizinischen Texte: Erläuterungen*. Grundriss der Medizin der alten Ägypter. Berlin: Akademie-Verlag, 1958.

Grapow, Herman, and H. von Deines. *Übersetsung der medizinischen Texte*. Grundriss der Medizin der alten Ägypter. Berlin: Akademie-Verlag, 1958.

------. *Worterbuch der ägyptischen Drogennamen*. Grundriss der Medizin der alten Ägytper. Berlin: Akademie-Verlag, 1959.

Grapow, Herman, H. von Deines, and W. Westendorf. *Erganzungen (Drogenquanten, Sachgruppen, Nachtrage, Bibliographie, Generalregister)*. Grundriss der Medizin der alten Ägypter. Berlin: Akademie-Verlag, 1973.

Greengus, Samuel. "Legal and Social Institutions of Mesopotamia." In *Civilizations of the Ancient Near East*, 469-84. Peabody, Massachusetts: Hendrickson Publishers, 1995.

Griffith, F. Ll. *Petrie Papyri: Hieratic Papyri from Kahun and Gurob*. London: B. Quaritch, 1898.

Griffith, F. Ll., and Herbert Thompson, eds. *The Leyden Papyrus: An Egyptian Magical Book*. New York: Dover Publications, 1974.

Gurney, O. R., and J. J. Finkelstein, eds. *The Sultantepe Tablets I*. London: British Institute of Archaeology at Ankara, 1957.

Gurney, O. R., and P. Hulin, eds. *The Sultantepe Tablets II*. London: British Institute of Archaeology at Ankara, 1964.

Hachlili, Rachel. "Early Jewish Art and Architecture." In *Anchor Bible Dictionary*, 447-54. New York: Doubleday, 1992.

Hahn, Robert. "Rethinking 'Illness' and 'Disease'." *Contributions to Asian Studies* 18 (1983).

------. *Sickness and Healing*. New Haven: Yale University Press, 1995.

Hallo, William, and K. Lawson Younger, eds. *The Context of Scripture:Monumental Inscriptions from the Biblical World*. Boston: Brill, 2003.

Harper, Robert Francis. *Assyrian and Babylonian Letters*. Chicago: University of Chicago Press, 1892.

Hehn, J. *Siebenzahl und Sabbat, bei den babyloniern und im alten Testament*. Leipzig, 1907.

Helck, Wolfgang. *Untersuchung zu den Beamtentiteln des äyptischen alten Reiches*. Glückstadt: J.J. Augustin, 1954.

Helman, Cecil G. *Culture, Health and Illness*. Boston: Butterworth Heinemann, 2000.

Herrero, Pablo. *La thérapeutique mésopotamienne*. Paris: Editions Recherche sur les civilisations, 1984.

Hoch, James E. *Semitic Words in Egyptian Texts of the New Kingdom and Third Intermediate Period*. Princeton: Princeton University Press, 1994.

Hodge, R. W., P. M. Siegel, and P. H. Rossi. "Occupational Prestige in the United States, 1925-1963." *American Journal of Sociology* 70 (1965): 286-302.

Hoyt, H. M. Duncan. "Plagues of Egypt." *Medical Journal of Australia* 158 (1993).

Hurry, Jamieson B. *Imhotep: The Vizier and Physician of King Zoser*. Oxford: Oxford University Press, 1928.

Isaacs, Ronald H. *Divination, Magic, and Healing: The Book of Jewish Folklore*. New Jersey: Jason Aronson Inc., 1998.

Ishida, Tomoo, ed. *Studies in the Period of David and Solomon*. Winona Lake, 1982.

Israelit-Groll, Sarah. *Pharaonic Egypt: The Bible and Christianity*. Jerusalem: Magnes Press, 1985.

Iverson, E. *Papyrus Carlsberg, No. VIII*. Copenhagen: Munksgaard, 1939.

Jacobsen, Thorkild. "Mesopotamia: The Cosmos as a State." In *The Intellectual Adventure of Ancient Man*, 125-219. Chicago: University of Chicago Press, 1977.

Jastrow, Morris. "The Medicine of the Babylonians and Assyrians." *Proceedings of the Royal Society of Medicine* 7 (1914).

Jeffers, Ann. *Magic and Divination in Ancient Palestine and Syria*. New York: E. J. Brill, 1996.

Joachim, H. *Papyros Ebers*. Berlin: Reimer, 1890.

Johnson, Thomas M., and Carolyn Sargent, F., eds. *Medical Anthropology: Contemporary Theory and Method*. New York: Praeger, 1990.

Jonckheere, F. *Une maladie égyptienne, l'hématurie parasitaire*. Brussels: Fondation Égyptologique Reine Elizabeth, 1944.

------. *Le papyrus medical Chester Beatty*. Brussels: Fondation Egyptologique Reine Elizabeth, 1947.

------. "Le cadre professionnel des médecins égyptiens." *Chronique d'Égypte* 52 (1951): 237-68.

------. "A la recherche du chirurgien Égyptien." *Chronique d'Egypte* 51 (1951): 28-45.

------. "Medecins de cour et medecine palatine sous les pharaons." *Chonique d'Egypte* 53 (1952): 51-87.

------. "Prescriptions medicales sur ostraca." *Chronique d'Egypte* 29, no. 57 (1954).

------. *Les médecins de l'égypte pharaonique*. Brussels: Fondation Égyptologique Reine Élizabeth, 1958.

Jones. R. Kenneth, ed. *Sickness and Sectarianism*. Brookfield, Vermont: Gower Publishing, 1985.

Jon L. Berquist. *Controlling Corporeality: The Body and the Household in Ancient Israel*. New Brunswick: Rutgers University Press, 2002.

Junker, H. "Die Stele des Hofarztes Iry." *Zeitschrift für Äyptische Sprache und Alterumskunde* 63 (1928): 53-70.

Kee, Howard C. "Medicine and Healing." In *Anchor Bible Dictionary*, 659-64. New York: Doubleday, 1992.

Kleinman, A. *Patients and Healers in the Context of Culture*. Berkeley: University of California Press, 1980.

Kleinman, Arthur, L. Eisenberg, and B. Good. "Culture, Illness and Care: Clinical Lessons from Anthropologic and Cross-cultural Research." *Annals of Internal Medicine* 88 (1978): 251-58.

Kottek, Samuel. "Hygiene and Healthcare in the Bible." In *Health and Disease in the Holy Land: Studies in the History and Sociology of Medicine from Ancient Times to the Present*. New York, 1996.

Köcher, Franz. . Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Berlin: Walter de Gruyter & Co., 1963-80.

------. *Keilschrifttexte aus Assur 1*. Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Berlin: Walter de Gruyter & Co., 1963.

------. *Keilschrifttexte aus Assur 2*. Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Berlin: Walter de Gruyter & Co., 1963.

------. *Keilschrifttexte aus Assur 3*. Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Berlin: Walter de Gruyter & Co., 1964.

------. *Keilschrifttexte aus Assur 4, Babylon, Nippur, Sippar, Uruk und Unbekannter*. Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Berlin: Walter de Gruyter & Co., 1971.

------. *Keilschrifttexte aus Ninive 1*. Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Berlin: Walter de Gruyter & Co., 1980.

------. *Keilschrifttexte aus Ninive 2*. Die babylonisch-assyrische Medizin in Texten und Untersuchungen. Berlin: Walter de Gruyter & Co., 1980.

Küchler, Friedrich. *Beiträge zur Kenntnis der assyrisch-babylonischen Medizin*. Leipzig: J. C. Hinrichs, 1904.

Labat, René. *Traité akkadien de diagnostics et pronostics médicaux*. E. J. Brill, 1951.

------. *La medecine babylonienne*. Paris: University of Paris Press, 1953.

Last, M. "Professionalization of Indigenous Healers." In *Medical Anthropology: Contemporary Theory and Method*, 349-66. New York: Praeger, 1990.

Leake, Chauncey D. *The Old Egyptian Medical Papyri*. Lawrence, Kansas: University of Kansas Press, 1952.

Leca, A-P. *La médecine égyptienne au temps des pharaons*. Paris: Roger Dacosta, 1988.

Lefebvre, G. *Essai sur la médecine égyptienne de l'époque pharaonique*. Paris: Presses Universitaires de France, 1956.

Leibovitch, J. "Une scene de sacrifice rituel chez les anciens egyptiens." *JNES* 12, no. 1 (1953): 59-60.

Levine, B. A., and J. M. Tarragon. "'Shapsu Cries Out in Heaven': Dealing with Snake-bites at Ugarit." *RB* 95 (1988): 481-518.

Levine, Sol, and Martin A. Kozloff. "The Sick Role: Assessment and Overview." *Annual Review of Sociology* 4 (1978): 317-43.

Levin, Simon. *Adam's Rib*. Los Altos: Geron-X, 1970.

------. "The Abel Syndrome." *JBQ* 20 (1991): 111-14.

------. "Hezekiah's Boil." *Judaism* 42 (1993): 214-17.

------. "Sense and Incense." *JBQ* 21 (1993): 242-47.

------. "Jacob's Hip." *Judasim* 44 (1995): 325-27.

------. "Let My Right Hand Wither." *Judaism* 45 (1996): 282-86.

Lewis, I.M. *Ecstatic Religion*. New York: Penguin, 1971.

Lohfink, Norbert. "'I am Yahweh, your Physician' (Exodus 15:26): God, Society and Human Health in a Postexilic Revision of the Pentateuch (Exod. 15:2b,26)." In *Theology of the Pentateuch:Themes of the Priestly Narrative and Deuteronomy*, 35-95. Minneapolis: Fortress Press, 1994.

Longrigg, James. "Epidemic, Ideas and Classical Athenian Society." In *Epidemic and Ideas: Essays on the Historical Perception of Pestilience*. Cambridge: Cambridge University Press, 1992.

Lust, J. "Edra and the Philistine Plague." In *Septuagint Scrolls and Cognate Writings*, 1992.

Lutz, H. F. "A Contribution to the Knowledge of Assyro-Babylonian Medicine." *AJSL* 36, no. 1 (1919).

Mangie, Evelyn Delong. *A Comparative Study of the Perceptions of Illness in New Kingdom Egypt and Mesopotamia of the Early First Millennium*. Unpublished dissertation, 1991.

Marty, Martin E., and Kenneth Vaux, eds. *Health/Medicine and the Faith Traditions: An Inquiry into Religion and Medicine*. Philadelphia: Fortress Press, 1982.

Maslow, Abraham, and Bela Mittelmann. "The Meaning of 'Healthy' ('Normal') and of 'Sick' ('Abnormal')." In *Concepts of Health and Disease: Interdisciplinary Perspectives*, 47-56. Reading, Massachusetts: Addison-Wesley Publishing, 1981.

Mays, B., A. Parfitt, and M. J. Hershman. "Treatment of Arrow Wounds by Nineteenth Century USA Army Surgeons." *Journal of the Royal Society of Medicine* 87 (1994): 102-03.

McCorkle, T. "Chiropractic: A Deviant Theory of Disease." *Human Organization* 20 (1961): 20-22.

McGuire, M.B. *Ritual Healing in Suburban America*. New Brunswick: Rutgers University Press, 1988.

Mechanic, David, ed. *Handbook of Health, Health Care and the Health Professions*. New York: The Free Press, 1983.

------. "Practice Orientations among General Medical Practitioners in England and Wales." *Medical Care* 8 (1970): 15-25.

------. "Physicians." In *Handbook of Health, Health Care and the Health Professions*. New York: The Free Press, 1983.

Meranze, Michael. "Laboratories of Virtue: Punishment, Revolutions and Authority in Philadelphia, 1760-1835." Chapel Hill: University of North Carolina Press, 1996.

Milgrom, Jacob. *Leviticus 1-16: A New Translation with Introduction and Commentary*. Anchor Bible Commentaries. New York: Doubleday, 1991.

Mull, Kenneth, and C. Sandquist. "Biblical Leprosy -- Is It Really." *BR* 8 (1992).

Murdock, G. P. *Theories of Illness*. Pittsburgh: University of Pittsburgh, 1980.

Neusner, Jacob. *Religion, Science, and Magic in Concert and in Conflict*. New York: Oxford University Press, 1989.

Ngubane, H. "Aspects of Clinical Practice and Traditional Organization of Indigenous Healers in South Africa." *Social Science and Medicine* 15B (1980): 361-65.

North, Robert. "Brain and Nerve in the Biblical Outlook." *Biblica* 74 (1993).

------. "Medical Discoveries of Biblical Times." In *Scripture and Other Artifacts: Essays in Honor of Philip J. King*. Louisville, 1994.

Nunn, John. *Ancient Egyptian Medicine*. Norman: University of Oklahoma Press, 1996.

Oldfather, C. H., trans. *Diodorus of Sicily*. Loeb Classical Library. Cambridge: Harvard University Press, 1968.

Oppenheim, A. L. "Mesopotamian Medicine." *Bulletin of the History of Medicine* 36 (1962).

Parrot, André. *Arts of Assyria*. New York: Golden Press, 1961.

------. *Sumer: The Dawn of Art*. New York: Golden Press, 1961.

Parsons, Talcott. *The Social System*. Glencoe, Illinois: Free Press, 1951.

Petrie, W.F. "Palace Titles." *Ancient Egypt* IV (1924): 109-22.

Pfeiffer, Robert H. *State Letters of Assyria*. American Oriental Series. American Oriental Society, 1935.

Pill, R., and N.C.H. Stott. "Concepts of Illness Causation and Responsibility: Some Preliminary Data from a Sample of Working Class Mothers." *Social Science and Medicine* 16 (1982): 43-52.

Anthropology of Medicine from Culture to Method. Wesport, Connecticut: Bergin & Garvey, 1997.

Romanucci-Ross, Lola, Daniel Moerman, and Laurence R. Tancredi, eds. *The Anthropology of Medicine from Culture to Method.* Westport: Bergin & Garvey, 1997.

Rosenberg, Charles. "Framing Disease: Illness, Society and History." In *Framing Disease: Studies in Cultural History.* New Brunswick: Rutgers University Press, 1992.

Rosner, Fred. *Medicine in the Bible and Talmud.* New York, 1977.

------. *Encyclopedia of Medicine in the Bible and Talmud.* New Jersey, 2000.

Rowley, H. H. "Zadok and Nehushtan." *JBL* 58 (1939): 113-41.

Rowling, J. Thompson. "Hernia in Egypt." In *Diseases in Antiquity*, 444-46. Springfield: Bannerstone House, 1967.

Saggs, H.W.F. *The Greatness that was Babylon.* New York: Hawthorn Books, 1962.

Sasson, Jack M., ed. *Civilizations of the Ancient Near East.* Peabody, Massachusetts: Hendrickson Publsihers, 1995.

------, ed. *Civilizations of the Ancient Near East.* Peabody, MA: Hendrickson, 2000.

Sauneron, S. *Un traité egyptien d'ophiologie.* Cairo: L'Institut Français d'Archeologie Orientale, 1989.

------. *The Priests of Ancient Egypt.* Ithaca: Cornell University Press, 2000.

Sauneron, S., and V. Esna. *Les Fêtes religieuses d'Esna aux derniers siècles du paganisme.* Cairo: IFAO, 1962.

Sayce, A. H. "An Ancient Babylonian Work on Medicine." *Zeitschrift für Keilschriftforschung* II, no. 1 (January 1885).

------. "An Ancient Babylonian Work on Medicine II." *Zeitschrift für Keilschriftforschung* II, no. 3 (July 1885).

Scurlock, JoAnn. "Physician, Exorcist, Conjurer, Magician: A Tale of Two Healing Professions." In *Mesopotamian Magic: Textual, Historical and Interpretative Perspectives*, 69-79. Groningen: Styx Publications, 1999.

Seidl, Theodor. *Tora für den "Aussatz" -- Fall: Literarische Schichten und syntaktische Strukturen in Levitikus 13 und 14*. Munich: Eos Verlag Erzabtei St. Ottilien, 1982.

Seybold, Klaus, and U. B. Mueller, Douglas W. Scott, trans. *Sickness and Healing*. Nashville: Abingdon Press, 1978.

Siegrist, H. E. *A History of Medicine*. New York, 1951.

Simpson, William Kelly, ed. *The Literature of Ancient Egypt*. New Haven: Yale University Press, 1973.

Smith, Mark S. *The Early History of God: Yahweh and the Other Deities in Ancient Israel*. Grand Rapids: Eerdmans, 2002.

Smith, Patricia. "The Trephinated Skull from the Early Bronze Age Period at Arad." *Eretz-Israel* 21 (1990).

Snow, L.F. "Sorcerers, Saints and Charlatans: Black Folk Healers in Urban America." *Culture, Medicine and Psychiatry* 2 (1978): 69-106.

Sontag, Susan. *Illness as Metaphor*. New York: Faffar, Straus and Giroux, 1978.

Stedman, Thomas. *Stedman's Medical Dictionary 27th Edition*. Baltimore: Lippincott Williams and Wilkins, 2000.

Steiner, Richard C. "Northwest Semitic Incantations in an Egyptian Medical Papyrus." *JNES* 51, no. 3 (1992): 191-200.

Steuer, R.O. "Wẖdw: Aetiology Principle of Pyaemia in Ancient Egyptian Medicine." *Bulletin of History of Medicine* Supplement 10 (1948).

Stevens, J. M. "Gynaecology from Ancient Egypt: The Papyrus Kahun." *Medical Journal of Australia* 2 (1975).

Porter, Roy. *The Greatest Benefit to Mankind: A Medical History of Humanity*. New York: W.W. Norton & Company, 1997.

Preuss, Julius, and Fred Rosner, eds. and trans. *Biblical and Talmudic Medicine*. New York: Sanhedrin Press, 1978.

Pritchard, James B. *Ancient Near Eastern Texts Relating to the Old Testament*. Princeton, New Jersey: Princeton University Press, 1969.

Quaegebeur, Jan. "On the Egyptian Equivalent of Biblical Hartummim." In *Pharaonic Egypt: The Bible and Christianity*. Jerusalem: Magnes Press, 1985.

Ranger, Terence, and Paul Slack, eds. *Epidemics and Ideas: Essays on the Historical Perception of Pestilence*. Cambridge: Cambridge University Press, 1992.

Reeves, C. *Egyptian Medicine*. Princes Risborough: Shire Publications, 1992.

Reisner, G. A. *The Hearst Medical Papyrus*. Leipzig: Hinrichs, 1905.

Reiss, A. J. *Occupations and Social Status*. New York: The Free Press, 1961.

Revillout, E. "Quelques notes chronologiques sur l'histoire des Lagides." *Revue Egyptologique* 1 (1880): 2-22.

Ritner, Robert K. *The Mechanics of Ancient Egyptian Magical Practice*. Chicago: Oriental Institute, 1993.

------. "Innovations and Adaptations in Ancient Egyptian Medicine." *JNES* 59, no. 2 (2000): 107-17.

Ritter, Edith K. "Magical-Expert (āšipu) and Physician (asû): Notes on Two Complementary Professions in Babylonian Medicine." In *Studies in Honor of Benno Landsberger*, 299-321. Chicago, 1965.

Roazen, P. *Freud and His Followers*. New York: Knopf, 1971.

Romanucci-Ross, Lola. "Creativity in Illness: Methodological Linkages to the Logic and Language of Science in Folk Pursuit of Health in Central Italy." In *The*

Stohl, Martin. *Epilepsy in Babylonia*. Groningen: Styx, 1993.

Sullivan, Richard. "The Identity and Work of the Ancient Egyptian Surgeon." *Journal of the Royal Society of Medicine* 89 (August 1996): 467-73

Susser, Mervyn. "Ethical Components in the Definition of Health." In *Concepts of Health and Disease Interdisciplinary Perspectives*, 93-105. Reading Massachusetts: Addison-Wesley Publishing, 1981.

Sussman, Max. "Diseases in the Bible and Talmud." In *Diseases in Antiquity*. Springfield: Bannerstone House, 1967.

Thompson, R. Campbell. "Assyrian Prescriptions for Diseases of the Head." *AJSL* 24, no. 1 (1907): 1-6.

------. "An Assyrian Incantation Against Rheumatism." *Proceedings for the Society of Biblical Archaeology* 30 (1908): 63-69, 145-52, 245-51.

------. "Assyrian Prescriptions for Diseases of the Head." *AJSL* 24, no. 4 (1908): 323-53.

------. *Assyrian Medical Texts*. London: Oxford University Press, 1923.

------. "Assyrian Medical Texts." *Proceedings of the Royal Society of Medicine* 17, no. 2 (1924): 1-34.

------. "Assyrian Medical Texts." *Proceedings of the Royal Society of Medicine* 19, no. 3 (1926): 29-78.

------. "Assyrian Prescriptions for Treating Bruises or Swellings." *AJSL* 47, no. 1 (1930): 1-25.

------. "Assyrian Prescriptions for the Head." *AJSL* 53, no. 4 (1937): 217-38.

------. "Assyrian Prescriptions for the Head." *AJSL* 54, no. 1 (1937): 12-40.

Van Beek, Gus, and Ora Van Beek. "Function of the Bone Spatula." *BA* 53 (1990).

van der Toorn, K. *Sin and Sanction in Israel and Mesopotamia*. Assen/Maastricht: Van Gorcum, 1985.

von Deines, H., and W. Westendorf. *Worterbuch der medizinischen Texte, Erste Halfte*. Grundriss der Medizin der alten Ägypter. Berlin: Akademie-Verlag, 1961.

------. *Worterbuch der Medizinischen Texte, Zweite Halfte*. Grundriss der Medizin der Alten Ägypter. Berlin: Akademie-Verlag, 1962.

von Känel, Frédérique. *Les prêtres-ouâb de Sekhmet et les conjurateurs de Serket*. Paris: Presses Universitaires de France, 1984.

Walker, Jim. "Place of Magic in the Practice of Medicine." *Bulletin of the Australian Center for Egypt* 1 (1990).

Waserman, Manfred, and Samuel Kottek. *Health and Disease in the Holy Land: Studies in the History and Sociology of Medicine from Ancient Times to the Present*. Lewiston, New York: Edwin Mellen Press, 1996.

Waterfield, Robin, trans. *Herodotus: The Histories*. Oxford: Oxford University Press, 1998.

Weeks, Kent R. "Medicine, Surgery, and Public Health in Ancient Egypt." In *Civilizations of the Ancient Near East*, 1787-98. Peabody, MA: Hendrickson, 2000.

Westendorf, W. *Grammatik der Medizinischen Texte*. Grundriss der Medizin der Alten Ägypter. Berlin: Akademie-Verlag, 1962.

------. *Erwachen der Heilkunst: die Medizin im Alten Ägypten*. Zurich: Artemis und Winkler, 1992.

Wilson, John. "Notes on Edwin Smith." *JNES* 11 (1952).

Wilson, J. V. "An Introduction to Babylonian Psychiatry." *?* (19).

------. "Medicine in the Land and Times of the Old Testament." In *Studies in the Period of David and Solomon*. Winona Lake, 1982.

Wilson, J. V. Kinnier. "The Nimrud Catalogue of Medical and Physiological Omens." *Iraq* 24 (1962): 52-62.

World Health Organization. "Constitution." In *The First Ten Years of the World Health Organization*. Geneva: WHO, 1958.

------. "The Promotion and Development of Traditional Medicine." *WHO Technical Report Series* (1978). Geneva.

Wreszinski, Walter. *Der grosse medizinische Papyrus des Berliner Museums: Pap. Berl. 3038*. Leipzig: J. C. Hinrichs, 1909.

------. *Der Londoner medizinische Papyrus (British Museum No. 1005) und der Papyrus Hearst in Transkription, Ubersetzung und Kommentar*. Leipzig: Hinrichs, 1912.

------. *Der Papyrus Ebers I Teil: Umschrift*. Leipzif: Hinrichs, 1913.

Yahuda, Abe. "Medical and Anatomical Terms." *Journal of the History of Medicine and Allied Sciences* 2, no. 4 (1947).

Young, A. "The Relevance of Traditional Medical Cultures to Modern Primary Health Care." *Social Science and Medicine* 17 (1983): 1205-11.

Zevit, Ziony. "Three Ways to Look at the Ten Plagues." *6* (1990). *BR*.

Zias, Joseph. "Three Trephinated Skulls from Jericho." *BASOR* 246 (1982).

------. "Death and Disease in Ancient Israel." *BA* 54 (1991): 147-59.